BURGH OF PAISLEY

LORD LET PAISLEY FLOURISH BY THE PREACHING OF THY WORD

REPORT

OF THE

Public Health Department

For the Year 1929

BY

G. V. T. M'MICHAEL, M.B., Ch.B., D.P.H.
Medical Officer of Health

PRINTED BY ALEXANDER GARDNER, LIMITED, PAISLEY
1930

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To the Provost, Magistrates, and
Town Councillors of the
Burgh of Paisley.

I have the honour to submit my Report on the work of the Public Health Department for the year 1929. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Department of Health for Scotland.

I have the honour to be,

Your obedient Servant,

G. V. T. M'MICHAEL,
Medical Officer of Health.

Public Health Office,
Paisley, June, 1930.

BURGH OF PAISLEY.

Report of the Public Health Department for the Year 1929.

PART I.

VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General.

Population.—The population estimated to the middle of 1929 was 87,447; this gives an estimated decrease over the figure for 1928 of 693. According to the Registrar-General's estimates, the increase of population during the past eight years is 2,097; the natural increase of the population, *i.e.*, the excess of births over deaths, during the same period is 5,487.

Area.—The area of the Burgh is 3,538 acres. The density of population is 24.7 per acre.

Birth Rate.—There were 1,791 births, 928 males and 863 females, giving a birth rate—corrected for transfers—of 20.5; in 1928, the rate was 20.2. This slight increase in the birth rate is the first increase to be recorded for the past five years. The rate for the whole of Scotland was 19.0, the lowest rate on record. The average birth rate for the larger Scottish Burghs was 20.1.

Illegitimate Birth Rate.—This rate was 4.6 per cent. of the total births, rather lower than the average figure. The rate for the whole of Scotland was 7.7 per cent., and for the larger Burghs, 6.8 per cent.

Death Rate.—The number of deaths was 1,323, giving a death rate—corrected for transfers—of 15.1, which is the highest rate since 1924, and well above the average figure obtaining since the war; in 1928, the rate was 13.1. The rate for the whole of Scotland was 14.5, a distinctly high rate, while the rate for the larger Burghs was 15.4. Of the six large Burghs, Edinburgh and Paisley—with a rate of 15.1—show the lowest rates.

The high death rate for the year may be attributed to a severe epidemic of Influenza and Pneumonia which occured during the first quarter, the quarterly death rates being 22.8, 12.5, 10.3, and 14.2. Deaths from Influenza and Pneumonia numbered 241, or 18.2 per cent. of the total number; pneumonia (all forms) accounted for 171 deaths, or 12.9 per cent. of the total number, the highest figure on record. Such figures once again emphasise the necessity of effective action being taken against the environmental conditions which are generally admitted to be the chief factors in the spread of epidemic respiratory diseases, namely, the pollution of the atmosphere by smoke and the continued serious overcrowding of houses.

Other prominent diseases contributing to the death rate were heart disease, 189 deaths; cancer, 135 deaths; bronchitis, 77 deaths; and pulmonary tuberculosis, 48 deaths.

The number of deaths from the various forms of heart disease, 189, is the highest recorded since the war: in 1928, this figure was 141. It is agreed that, in the majority of cases, heart disease is the result of rheumatism in childhood, especially during early school years, and the present high mortality figures are bound to induce progressive Local Authorities to adopt all possible measures to try and prevent the serious cardiac sequelæ of Acute Rheumatism. Schemes already in force provide for an intensive search for the rheumatic child, notification, skilled institutional treatment over a prolonged period, followed by continuous medical supervision for a number of years.

The number of deaths from cancer, 135, is the highest recorded since 1926, and is 10.2 per cent. of the total number of deaths. Clearly, sustained educational propaganda on the subject of cancer is very necessary. The public must learn that cancer is always at first a local disease, that, while still a local disease it can be cured, and that it can only be cured by means of early and complete surgical measures or by the use of Radium. The results of the use of Radium, as an alternative to surgical measures in certain forms of cancer, have up-to-date been very promising. A recent report by the Medical Research Council strongly upholds the value of Radium, when used by those who have expert knowledge of its properties and dosage, and the Government have now arranged for the provision of an adequate supply and for its custody and distribution to be in the hands of a body of experts, the Radium Commission. The public, however, must realise that, in our present state of knowledge, medical opinion does not put forward any extravagant claims for Radium therapy; much intensive research work is still required, and the public should wait patiently for the results of such work.

Infant Mortality Rate. Deaths under one year—corrected for transfers—numbered 159, giving a rate of 89 per 1,000 births, compared to a rate of 105 for 1928; this is the third lowest rate on record, and the lowest since 1923. The rate for the whole of Scotland was 87, and for the larger Burghs, 97.

Diseases of early infancy and malformations accounted for 92 deaths or 57.8 per cent. of the total number. The reduction of this high mortality would appear to depend chiefly on the efficiency of the midwifery services, more especially effective ante-natal care of the expectant mother, and the mothers of Paisley must learn to avail themselves of the facilities provided for such ante-natal supervision if the present wastage of infant life is to be materially reduced.

Tuberculosis Mortality Rate.—The rate of deaths from all forms of Tuberculous disease was 1.01, and the rate from Pulmonary Tuberculosis was 0.55; these rates in 1928 were 1.33 and 0.95. The rate for Pulmonary Tuberculosis is the lowest rate on record, and the rate from all forms of Tuberculosis is the second lowest rate on record. The corresponding figures for the whole of Scotland were 0.94 and 0.67—the lowest rates ever recorded—while the average rates for the larger Burghs were 1.10 and 0.81.

While the very low rate for Pulmonary Tuberculosis is distinctly encouraging, the high rate for other forms of Tuberculosis is a matter for concern, and is certainly a strong argument in favour of the new County Sanatorium which will cater chiefly for that class of case.

Infectious Diseases Rate.—The rate of deaths from the principal infectious diseases was 0.37, which is the lowest rate on record; in 1928, this rate was 0.94. The corresponding rate for the whole of Scotland was 0.48, and for the larger Burghs, 0.57.

CONTROL OF INFECTIOUS DISEASES.

A.—Hospitals.

Infectious Diseases Hospital, Bridge Street.—The number of cases remaining in Hospital on 31st December, 1928, was 63; the number admitted during 1929 was 760; giving a total of 823; compared with a total of 1,005 for the year 1928. The principal diseases contributing to this total were acute pneumonia, 318; scarlet fever, 241; diphtheria, 162; erysipelas, 45.

During the year, the side room attached to Ward VII. was converted into an operating theatre in order to complete the special provision required for cases of Puerperal Fever and Puerperal Pyrexia. The ten single bed cubicles provided during 1928 in the Scarlet Fever and Diphtheria wards have been in constant use and have certainly contributed to more efficient administration.

The special Sub-Committee, appointed during 1928 to deal with the question of a new Infectious Diseases Hospital, visited several possible sites on the outskirts of the town. Ultimately, it was decided to defer further consideration of this question until the new Local Government Act comes into operation, as the big problem of provision of adequate hospital accommodation for all classes of disease will then require very careful consideration. It is to be hoped, however, that further progress will not be too long delayed. The present hospital, built to provide accommodation for Enteric Fever, Scarlet Fever, and Diphtheria, is now expected to accommodate, in addition to these diseases, cases of Acute Pneumonia, Measles, Whooping Cough, Erysipelas, Puerperal Fever, Cerebro-Spinal Fever, Acute Poliomyelitis, etc., and the administrative problems arising from this increased demand for accommodation become each year more and more difficult of solution. Economic reasons alone can justify the postponement of the provision of a modern hospital on the outskirts of the town, where the young patients can enjoy the inestimable benefits of pure, fresh air and sunlight. Modern hospitals are costly projects. Paisley, however, has always been blessed with a succession of wealthy citizens who have most generously devoted a large share of their wealth to establishing and endowing innumerable public institutions and welfare schemes which otherwise might probably never have existed. Is it too much to expect—in these materialistic days—that yet another public-spirited citizen should come forward and offer to contribute, say, half the cost of the erection of a modern fever hospital for the benefit of the children of Paisley? Certainly, there could be no better monument to anyone's name and fame.

As in past years, Miss Dick and her nursing staff have to be congratulated on an excellent record of work. During the year, Dr. Susan M'Murray was appointed Resident Medical Officer in succession to Dr. Charles M. Whiteford, and I have to thank both officers for their very capable services.

Reception House, Bridge Street.—There was no occasion during the year to utilise the accommodation at the Reception House.

Smallpox Hospital.—Cases of smallpox are now treated at the West Renfrewshire Combination Smallpox Hospital, near Johnstone. Gockston Hospital is solely reserved for cases of tuberculosis.

B.—INFECTIOUS DISEASES.

The total number of cases of infectious diseases—apart from tuberculosis—was 2,727; in 1928, this figure was 3,100.

Notifiable diseases, accounted for 2,064, of which 738 were cases of acute pneumonia; 743, chickenpox; 229, scarlet fever; 156, diphtheria. There were 663 cases of diseases not compulsorily notifiable, of which 223 were cases of whooping cough;

110 measles; 330 mumps. Thanks are due to the Epidemic Inspector, Mr. Eaglesim, and the Epidemic Nurse, for their excellent record of work.

School Closure on Account of Infectious Disease.—It was not considered necessary to recommend closure of any school or part of a school on account of infectious disease.

Housing and Infectious Diseases.—I subjoin a table showing the number of cases of acute pneumonia, diphtheria, and scarlet fever which occurred in houses of one, two, and three apartments:—

Size of House.	Acute Pneumonia		Diphtheria.		Scarlet Fever.	
	No. of Cases.	Per cent. Total.	No. of Cases.	Per cent. Total.	No. of Cases.	Per cent. Total.
One Apartment, ... * (15·1 per cent.)	129	22·2	18	12·5	17	7·8
Two Apartments, ... (47·8 per cent.)	337	58·1	82	57·0	110	50·2
Three Apartments, ... (21·6 per cent.)	89	15·4	33	22·9	60	27·4
Over 3 Apartments, (15·5 per cent.)	25	4·3	11	7·6	32	14·6

* The figures in brackets denote the percentage of each class of house to the total number of houses.

Disinfection.—In addition to the usual routine measures of disinfection, 92 sets of bedding were removed with the owners' consent and burned at the Refuse Destructor. This work was carried out in cases where deaths had occurred from the following diseases:—Pulmonary tuberculosis (26), cancer (15), pneumonia (10), circulatory diseases (6), nervous diseases (7), other diseases (28).

Modern Methods of Active Immunisation.—In previous Reports I have referred to recent discoveries which promised effective methods of actual prevention of such diseases as diphtheria and scarlet fever.

In the case of diphtheria, the value of the Schick Test — a clinical test for the determination of susceptibility to that disease—is now firmly established; not only so, but, as a result of its introduction, a procedure for the active immunisation of susceptible children has been successfully developed. Immunity is produced by three injections of a toxin-antitoxin mixture. and lasts certainly for many years, probably for the remainder of life. In America, the Schick Test and, where necessary. the production of active immunity, is now part of the routine work of medical men and of Health Authorities, and in many American institutions diphtheria is practically nonexistent. In this country, the use of the test and of the production of active immunity has been slower in gaining favour, but in the last few years many progressive Local Authorities have come to recognise the great benefits to be derived from its application. and steps have been taken to offer free immunisation to susceptible children through the medium of the Child Welfare and School Medical Services. In Scotland, Edinburgh and Aberdeen have been pioneers in such schemes, and the results obtained there. and in many other areas in Scotland and in England, leave little room for any doubts as to the practical value of such work.

In the case of scarlet fever, the procedure is very similar: there is the Dick Test for determination of susceptibility, followed, where necessary, by the production of active immunity by means of three injections. The value of the work in connection with scarlet fever is not yet established on such a firm basis as in the case of diphtheria, but, nevertheless, is full of promise. In Aberdeen, the interesting experiment of combining the two sets of immunising injections has been in progress for some time, and the results of this experiment, which, of course, has obvious advantages, are awaited with interest.

Since the latter months of 1926, the nursing staff at the Burgh Fever Hospital have been subjected to the Schick Test and the Dick Test, in order to determine their susceptibility to diphtheria and scarlet fever; those found susceptible have been actively immunised, and, up-to-date, there has been no case of either disease. It is much to be regretted that, owing to the time of the medical staff being at present fully occupied, it has been impossible to make a start with immunisation work at the Child Welfare and School Clinics.

Pneumonia.—Total notifications, 770, classified as follows:—Acute primary pneumonia, 660; influenzal pneumonia, 78; acute pneumonia secondary to other diseases, 32. The above figures represent the highest incidence of this disease ever recorded, and are due to the severe epidemics of pneumonia and influenza which occurred in the first quarter of the year.

524 cases of acute primary pneumonia and acute influenzal pneumonia were admitted to hospital, or 72.3 per cent of the total notifications; of these, 306 were treated in the Fever Hospital — a record total — 104 in the Royal Alexandra Infirmary, and 124 in Craw Road Institution. Deaths numbered 171, giving a case mortality—for all notified cases—of 23.1 per cent. The case mortality in the Fever Hospital was 17.3 per cent. 56 deaths out of the total of 171 occurred in children under 5 years.

32 cases of pneumonia, secondary to other diseases, were notified during the year; the great majority of these were cases following measles and whooping cough, and compulsory notification, in force since 1922, enables us to get into early touch with these cases, and offer institutional treatment at the Fever Hospital, where, during 1928, 17 cases were admitted.

Early in 1920, the Local Authority decided to provide accommodation at the Fever Hospital for cases of acute pneumonia and acute influenzal pneumonia. I subjoin an interesting table showing the development of this work:—

Institutional Treatment of Acute Primary Pneumonia and Acute Influenzal Pneumonia.

Year	Total Notifications.	Case Mortality (per cent.)	Cases Removed to Hospitals.			Total Cases removed to Hospitals	Percentage of Notified Cases removed to Hospitals
			Fever Hospital.	Royal Alexandra Infirmary	Craw Road Institution		
1920	201	55·6	55	62	...	117	58·2
1921	253	31·2	119	45	1	165	65·2
1922	530	27·9	209	111	18	338	63·8
1923	250	20·1	108	39	8	155	62·0
1924	578	28·8	170	114	25	309	53·5
1925	491	23·8	236	91	18	345	70·3
1926	500	27·0	219	93	30	342	68·4
1927	561	21·0	300	81	31	412	73·4
1928	545	23·6	304	72	28	404	74·1
1929	738	23·1	306	104	124	534	72·3
Totals,	4,647	...	2.026	812	283	3.121	67·2

Taking the years, 1922 to 1929, we find that the average case mortality of the notified cases was 24.4 per cent.; during the same period, 44.2 per cent. of the total notified cases were treated in the Fever Hospital, where the average case mortality was 16.3 per cent. During 1929, 80.3 per cent. of the total notified cases occurred in houses of one and two-apartments which form 62.9 per cent. of the total houses in the Burgh; there can be no question therefore that, until housing conditions in Paisley are more or less revolutionised, it will be very necessary to provide ample institutional accommodation for the severe forms of acute respiratory diseases.

Scarlet Fever.—Cases notified, 229; removed to hospital, 210 or 91.7 per cent.; 2 deaths occurred, giving a case mortality of 0.87 per cent. The incidence of this disease was rather lower than usual. The great majority of cases were of a mild type, and, if only proper isolation could be secured, could with advantage have been safely treated at home. The new Scarlet Fever Antitoxin continues to give excellent results so far as the toxic symptoms of the disease are concerned, although, in our experience, it has no material effect in reducing the incidence of septic complications. Where home isolation of cases is practicable, practitioners can be supplied with the antitoxin.

Diphtheria.—Cases notified, 156; removed to Hospital, 152; there were 4 deaths, giving a case mortality of 2.5 per cent., the lowest rate on record. The incidence of this disease was rather higher than usual.

I wish once again to emphasise the vital importance of early diagnosis and early treatment in dealing with this disease. Success in treatment depends almost entirely on the duration of the illness; each day's delay, after the first two days, causes a very appreciable rise in the mortality rate. I would also again point out to medical practitioners the danger of relying too much on bacteriological examinations in suspected cases of diphtheria, especially in the case of young children; in children, treatment with serum should be commenced whenever the clinical evidence gives rise to suspicion, and should never be delayed pending the result of a throat swab. Serum is always available for practitioners at the Fever Hospital.

Enteric Fever.—8 cases were notified, and were removed to Hospital; bacteriological confirmation of the diagnosis was obtained in 6 cases, of which 3 proved to be cases of Enteric Fever and 3 cases of paratyphoid "B" fever; there was 1 death. The final diagnosis in the two unconfirmed cases was Pyelitis and Influenza.

Ophthalmia Neonatorum.—Notifications numbered 38, being 1 less than in the previous year; only 10 were proved to be due to a gonococcal infection. All the cases occurred in the practice of midwives. The Assistant Medical Officer and the

Health Visitors paid no fewer than 429 domiciliary visits to these cases, and referred all cases at all serious to the Royal Victoria Eye Infirmary, where they attend, as outpatients, for expert advice and treatment. No case of impairment of vision occurred, and in that respect our record of only one case of blindness from this disease since 1918 is the best possible tribute to the treatment given at the Eye Infirmary, and also to the conscientious work of the Health Visitors.

Measles.—110 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the Medical Service of the Education Authority: this indicates a very low prevalence. There were 2 deaths—both under 5 years of age—giving the low case mortality of 1.8 per cent. The Epidemic Nurse paid 126 domiciliary visits to these cases in order to impress on the parents the danger of this disease in young children, the importance of calling in a doctor at once, and the vital necessity of confining the children to bed for at least a week in order to prevent the onset of that very fatal complication, pneumonia, which is the cause of practically all the deaths from measles. Thanks are due to the local Press for again publishing at frequent intervals helpful paragraphs, warning parents of the danger of the disease, and advising them to call in medical advice at an early stage. Medical practitioners assure me that such propaganda has undoubtedly been of real, educative value. 5 cases were admitted to the Fever Hospital, where accommodation is available for complicated cases.

Whooping Cough.—223 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department; this indicates a low prevalence. 12 complicated esaes were treated in the Fever Hospital. There were 7 deaths—all of children under 5 years—which gives a case mortality of 3.1 per cent., the lowest rate during the last 10 years. 270 domiciliary visits were paid to these cases by the Epidemic Nurse. Whooping cough is much the most fatal of all the common infectious diseases, especially for very young children, and parents must learn to take all possible precautions to safeguard their children from infection.

Encephalitis Lethargica.—3 cases were notified, 2 females, aged 31 and 51 years, and 1 male, aged 44 years, all of whom were in the late chronic stage. 1 death occurred. One case received treatment in the Special Wards in Stobhill Hospital, Glasgow, and 1 home case is awaiting admission to these wards.

Puerperal Fever.—13 cases were notified, of which 10 were treated in hospital: there were no deaths.

On 1st October, 1929, the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations (Scotland), 1929, came into force. Puerperal pyrexia is defined in the Regulations as "any febrile condition (other than a condition which is required to be notified as puerperal fever under the Infectious Diseases (Notification) Act, 1889) occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4° F. or more has been sustained during a period of 24 hours, or has recurred during that period." Medical practitioners are thus under obligation to notify all cases of pyrexia during the puerperium, irrespective of the cause to which the fever may be attributed.

The main purpose of these Regulations is to secure the co-operation of medical practitioners in the use of the treatment and preventive facilities provided by the Local Authorities, particulars of which are subjoined:—

(1) Consultant Service: Dr. Donald M'Intyre, Glasgow, has been appointed Consultant Surgeon, and practitioners can arrange with him at any time for a consultation.

(2) Bacteriological Examinations: Arrangements have been made with the Glasgow Corporation Laboratory for the examination of swabs, blood specimens, etc.; outfits for such examinations can be obtained at Bridge Street Hospital.

(3) Institutional Treatment: A special ward has been set aside in Bridge Street Hospital, and a side-room has been fitted up as an operating theatre where operative treatment can be carried out. Dr. Donald M'Intyre has been appointed Consultant Obstetric Surgeon for this ward.

(4) Domiciliary Nursing Service: The Trustees of the Peter Brough Bequest Fund have cordially agreed to the request of the Local Authority that the services of their nurses will be available for cases who can be suitably treated at home.

It is to be hoped that medical practitioners will take full advantage of the services detailed above, especially the facilities at Bridge Street Hospital; in Paisley, where fully 60 per cent. of the total number of houses are of one or two-apartments, it will be manifest that, in the majority of cases, admission to Hospital will afford the best chance of adequate and effective treatment.

From 1st October to 31st December, 1929, 5 cases of Puerperal Pyrexia were notified; all were Hospital cases; there were no deaths.

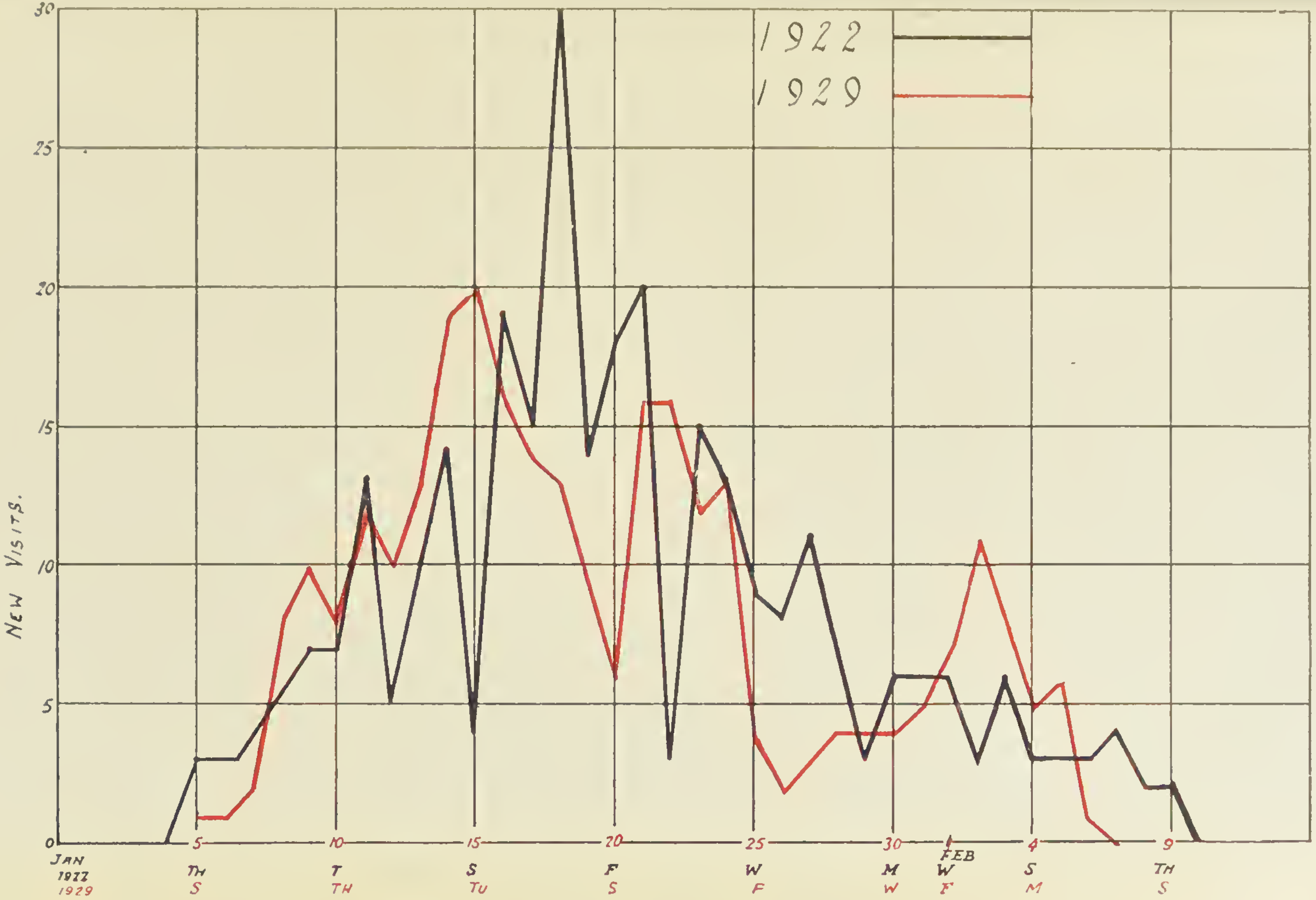
Chickenpox.—There were 743 notifications of this disease, which is at present compulsorily notifiable; this indicates a high incidence. As chickenpox may be easily confused with the mild form of smallpox, all cases are visited by the Epidemic Nurse, who refers any case at all suspicious to the Medical Officer for further visitation.

Cerebro-Spinal Fever.—12 cases were notified, and removed to hospital; there were 8 deaths.

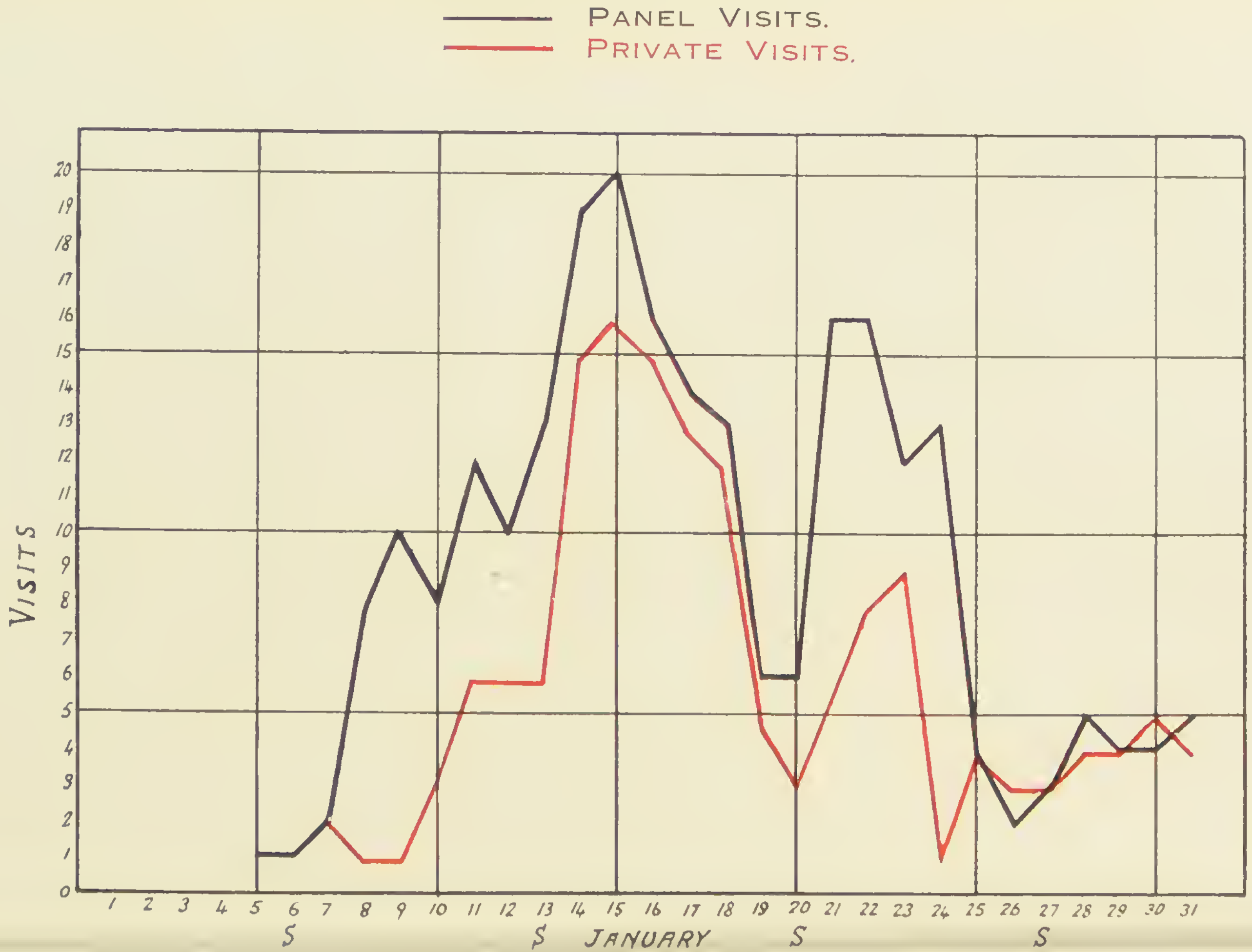
Erysipelas.—There were 100 cases notified: 48 cases were treated in hospital; there were 7 deaths.

Mumps.—330 cases came to the notice of the Health Department.

GRAPH OF INFLUENZA EPIDEMICS [H.H.I VISITS ONLY]



INFLUENZA EPIDEMIC—1929.



Smallpox, Typhus Fever, Cholera, Relapsing and Continued Fevers, Infective Jaundice, Malaria, Dysentery, Acute Poliomyelitis (Infantile Paralysis), Polio-encephalitis. — No cases occurred during the year.

Infectious Diseases Carriers.—No "carriers" came to the notice of the Health Department during the year.

Influenza.—An already pointed out, the high death rate for the year may be attributed to a severe outbreak of influenza and pneumonia which occurred early in January, and which was mainly responsible for a death rate of 22.8 for the first quarter of the year. Influenza was the cause of 70 deaths.

As influenza is not a notifiable disease, it is impossible to form any reliable estimate of its incidence. The outbreak of 1929, however, was, in the opinion of medical practitioners, certainly the most severe outbreak experienced since 1922. It started at the end of the first week of January in a characteristically "explosive" manner and reached its highest incidence within about 10 days. All classes and all ages were affected and, as the outbreak coincided with an epidemic prevalence of acute pneumonia, medical resources were severely taxed for a few weeks.

I am much indebted to Drs. Andrew and A. C. Richmond, Paisley, for permission to reproduce two very interesting graphs showing the progress of the outbreak as it occurred in their practice. The first graph shows the explosive nature of the outbreak, its course, and the incidence of visits to private and insured patients. The second graph illustrates the striking similarity of the outbreaks of 1922 and 1929, as indicated by the incidence among insured patients.

MUNICIPAL LABORATORY.

I subjoin a table summarising the work done during 1929 at the Bacteriological Laboratory at the Fever Hospital. In 1920, the examinations numbered 707; the total for 1929 is 1,382.

Disease.	No. of Specimens	Positive Results	Negative Results.
Diphtheria, ...	966	155	811
Enteric Fever, ...	34	14	20
Tuberculosis, ...	289	47	242
Venereal Diseases, ...	71	25	46
Cerebro-Spinal Fever, ...	17	12	5
Other Diseases, ...	5	3	2
Total, ...	1,382	256	1,126

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

Staff.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemic Nurse in the event of epidemic outbreaks of measles and whooping cough, while in normal times she is employed in the ordinary work of a Health Visitor.

The Russell Institute.

The Institute provides accommodation for all the public Medical Services conducted by the Local Authority and the Education Authority. The various departments are allocated as follows:—

Local Authority.	*Education Authority.*
Maternal and Child Welfare Department.	Minor Ailments Clinic.
Tuberculosis Department.	Special Treatment Clinic.
Disinfection Department.	Dental Clinic.
X-Ray Department.	Remedial Exercises Clinic.
Artificial Sunlight Department.	Office Accommodation.

The chief points in the agreement between the two Authorities are as follows:—

(1) The Local Authority and the Education Authority shall each bear one half of the cost of the general charges of maintenance of the Institute, which shall include rates, insurance, heating, cleaning, lighting of hall, basement, and caretaker's house, wages of caretaker, maintenance of caretaker's house, and maintenance of the general fabric of the Institute.

(2) The Local Authority and the Education Authority shall each be responsible for the cost of maintenance and upkeep of their own clinics and offices, including lighting, and shall keep their own clinics and offices in good order and repair internally.

(3) Cases referred by one Authority to the clinics of the other Authority shall be charged for on the basis of the proportion of the number of cases referred—or the number of attendances—to the total number dealt with, as may be arranged between the Medical Officer of Health and the Chief School Medical Officer.

The work of the various departments has proceeded very smoothly. Consultation and co-operation between the various Medical Officers of the two Authorities has been active and sustained, and undoubtedly benefits not only the patients but also the Medical Officers themselves.

The general public continues to show a keen interest in the work of the Institute. During the year, 12 parties, including Women's Guilds, Men's Clubs, etc., visited the Institute in the evenings, the average number of each party being 55; in addition to Mr. Brown, the capable and energetic caretaker, a Medical Officer was in attendance on these occasions in order to explain fully the work of the various departments.

Details of the work of the various departments will be found in the review of the year's work, which is subjoined.

Review of the Year's Work.

The following account of the work under the Scheme has been prepared in accordance with the special instructions issued by the Department of Health for Scotland. To the statistics and other information required by the Department, I have added brief, personal comments. I have also thought it advisable to continue most of the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) *Births.*

(*a*) Number registered (corrected for transfers, 1,791),	1,830
(1) Legitimate,	1,743
(2) Illegitimate,	87
(*b*) Number notified (including still-births),	1,847
(*c*) Number classified according to nature of attendance:	
(1) Doctor,	589
(2) Midwife,	769
(3) Institution,	489
(*d*) Number of still-births,	92

An instructive analysis of the probable causes of 79 still-births will be found in Part II. of the Report; effective ante-natal supervision would undoubtedly result in a reduction of this high rate, and mothers must learn to take advantages of the local facilities provided for this purpose.

(2) *Infantile Mortality.*

(*a*) Number of deaths (corrected for transfers, 159),	162
(*b*) Rate per 1,000 Births,	88·5
(*c*) Number of deaths and rates per 1,000 births classified according to age groups and causes of deaths:	(1,830)

Age Groups.	No. of Deaths.	Rate per 1,000 Births.
Under 1 week,	53	28·96
1 week and under 4 weeks,	24	13·11
4 weeks and under 3 months,	26	14·21
3 months and under 6 months,	25	13·66
6 months and under 12 months,	34	18·58

Causes of Death.	No. of Deaths.	Rate per 1,000 Births.
Chickenpox, ...	0	0
Measles, ...	1	0·55
Scarlet Fever, ...	0	0
Whooping Cough, ...	3	1·64
Diphtheria and Croup, ...	1	0·55
Erysipelas, ...	0	0
Tuberculous Diseases, ...	5	2·73
Meningitis (not Tuberculous), ...	3	1·64
Hydrocephalus, ...	1	0·55
Convulsions, ...	0	0
Pneumonia (all forms), ...	24	13·11
Bronchitis, ...	3	1·64
Diarrhœa and Enteritis, ...	15	8·20
Other Digestive Diseases ...	0	0
Congenital Malformations, ...	10	5·46
Congenital Heart, ...	1	0·55
Premature Birth, ...	42	22·95
Atrophy, Debility, and Marasmus.	41	22·40
Atelectasis, ...	0	0
Injury at Birth, ...	0	0
Suffocation, overlaying, ...	0	0
Syphilis, ...	1	0·55
All other causes, ...	11	6·01

Elsewhere in the Report I have commented on the Infant Mortality Rate. The above analysis certainly emphasises the need for effective ante-natal care of the expectant mother if the continued heavy neo-natal mortality rate is to be reduced.

(3) *Maternal Mortality.*

(*a*) Number of deaths resulting from miscarriage or childbirth, ...	6
(*b*) Number of deaths resulting from puerperal sepsis,	0

The number of maternal deaths during 1929—6—is the lowest number recorded, the average number, for the past 10 years, being 10.8; the maternal mortality rate is 3.3 per 1,000 births. It is also most encouraging that no deaths resulted from puerperal sepsis.

(4) *Report under Midwives (Scotland) Act, 1915.*

This will be found in Part II. of the Report. There are 26 midwives on the local roll, of whom 8 hold the C.M.B. Certificate or its equivalent. 42.9 per cent. of the total number of births were attended by midwives.

(5) *Home Visitation.*

	Number Visited.	Total Visits.
Infants, ...	1,743	9.029
Children (1-5 years), ...	1,126	4,757
Expectant mothers, ...	210	318
Total, ...	3,079	14,104

The total number of home visits is the second highest figure recorded. Nowadays, it is generally accepted that maternal efficiency is the most important factor in the problem of infant mortality. The educative value of home visitation work by a sensible and tactful Health Visitor cannot be overestimated, and I am confident that an extension of this work would be well worth while. The time of the present staff is so fully occupied, however, that the recommendations of the Department of Health cannot be complied with, even in the case of infants, while the "toddlers" can only receive very scant attention. The staff of Health Visitors urgently requires to be increased if this important branch of the work is to receive the attention which its importance merits.

(6) *Voluntary Health Visitor's Report.*

There are no Voluntary Health Visitors. The balance of the funds of the old Voluntary Health Visitors' Association is still being used to assist necessitous mothers in the provision of clothing for infants and young children.

(7) *Ante-Natal Consultations.*

There are two sessions held each week—on Wednesday and Friday mornings. Each session lasts 2½—3½ hours; the total number of sessions was 101.

(*a*) Total number of expectant mothers attending, ...		595
Re-attending from 1929, ...	104	
New patients, ...	491	
(*b*) Total number of attendances, ...		2,186
(*c*) Classified summary of conditions found:		
Albuminuria, ...		44
Anæmia, ...		2
Ante-partum hæmorrhage, ...		7
Bronchial Catarrh, ...		17
Cardiac disease, ...		2
Contracted pelvis, ...		22
Dental caries, ...		27
Debility, ...		22
Gynæcological conditions, ...		1
Hyperemesis, ...		10
Multiple Pregnancy, ...		2
Malpresentation, ...		6
Mastitis, ...		1
Minor ailments, ...		332
Normal pregnancy, ...		61
Not pregnant, ...		8
Premature births, ...		3
Pyuria, ...		3
Rheumatism, ...		1
Still-births and miscarriages, ...		9
Varicose veins, ...		8
Venereal diseases, ...		7
(*d*) Number of cases:—		
(1) Referred to ante-natal ward, ...		90
(2) Referred to family doctor, ...		5
(3) Treated at clinic, ...		500
Sources from which cases were drawn:—		
Recommended by doctor, ...		27
Recommended by midwife, ...		47
Came of own accord, ...		521

The total attendances at this clinic again reached a record total, and the number of mothers attending was 25 more than the previous highest total. These figures emphasise the necessity for an extension of this very important work which constitutes the key to the reduction not only of puerperal mortality and morbidity but also of the high figures of still-births and neonatal mortality. An extra weekly session is urgently required, but unfortunately this cannot be started without additional medical and nursing assistance. It is little encouragement to expectant mothers to attend regularly at this clinic if they have to wait three hours to see the Medical Officer, and no Medical Officer can do proper justice to these mothers when there are only a few minutes to devote to each case. If the Medical Officer has not the time to give the proper care and attention to each case the work will simply fall into disrepute.

(8) *Post-Natal and other Consultations.*

(*a*) Total number of patients, ...		762
New patients, ...	507	
Old patients re-attending, ...	255	
(*b*) Total number of attendances, ...		2,677
(*c*) Conditions found:—		
Agalactia, ...		184
Debility and minor ailments, ...		539
Gynæcological conditions, ...		33
Mastitis, ...		6

These figures, as in previous years, refer mainly to nursing mothers attending the Child Welfare Clinics, but a small number attended the Ante-Natal Clinic where post-natal examinations were made.

As I pointed out in last year's Report, the value of the local maternity service would undoubtedly be enhanced if the necessary staff was available to hold a special post-natal clinic. Complications and sequelæ could be recognised at an early stage, when it is comparitively easy to treat them effectively, and the distressingly high maternal morbidity rate could thus be materially reduced. A post-natal clinic is the logical sequel of the ante-natal clinic and Barshaw Municipal Maternity Hospital, and it is to be hoped that the necessary extra medical and nursing staff will soon be available for this work which has real preventive value.

(9) *Child Welfare Consultations.*

There are six sessions held each week, each session lasting 3—4 hours. The total number of sessions was 302.

(*a*) Number of children attending:—

(1) Under 1 year of age, ...		1,182
(*a*) New patients, ...	781	
(*b*) Patients re-attending,	401	
(2) Over 1 year of age, ...		1,479
(*a*) New patients, ...	604	
(*b*) Patients re-attending,	875	

(*b*) Total number of attendances :—

(1) Under 1 year of age, ...	5,076
(2) Over 1 year of age, ...	5,640

(*c*) Illnesses recorded:—

Congenial defects, ...	13
Debility, ...	420
Dental caries, ...	229
Digestive disorders, ...	358
Diseases of the skin, ...	243
Ear affections, ...	31
Throat and nose affections, ...	149
Eye affections, ...	30
Infectious diseases, ...	28
Intestinal parasites, ...	29
Marasmus, ...	11
Mental deficiency, ...	1
Prematurity and birth debility, ...	120
Respiratory disorders, ...	292
Rickets, ...	84
Surgical conditions, ...	246
Tuberculosis, ...	9
Healthy children, ...	368

The total attendances numbered 10,716, as compared with a total of 10,910 for 1928. Nursing mothers also attend these clinics for advice and treatment, and their attendances during 1929 show a total of 2,677, giving a grand total of 13,393 attendances for the year. This total gives an average attendance per session of 44.3.

These figures require serious consideration, as in my opinion they indicate the need of one or two extra sessions each week if this work is to be properly carried out. It must always be remembered that the primary aim of these clinics was to help the parents by advice and instruction to keep their children well and healthy. Unfortunately, in recent years, and especially since the Out-Patient Dispensary of the Royal Alexandra Infirmary was closed to children under five years, the great majority of the children attending the clinics are really ill and require to be carefully examined and to have treatment prescribed or carried out, and the development of this "treatment" aspect of the work inevitably interferes very seriously with the educative aspect which is so very important. Under present conditions, neither the Medical Officers nor the Nurses can spare the time to give the necessary advice to mothers on the proper care and management of the normal child which, as I have said, was the primary aim of these clinics. Extra weekly sessions are therefore urgently required, and, as the time of the present staff is fully occupied, no extension of this work is possible without extra medical and nursing assistance.

RICKETS.

The incidence of this disease at the Child Welfare Clinics during 1929 is subjoined, and again shows a welcome decrease as compared with the figures for the two previous years: –

	1927.	1928.	1929.
Total number of cases, ...	215	120	84
New cases, ...	122	52	31
Old cases re-attending, ...	93	68	53

I subjoin the usual statistical data relating to the 31 new cases attending during the year:—

(1) *Classification.*

Early,	8
Medium,	7
Advanced,	16

(2) *Age Incidence.*

6 to 9 months,	3
9 to 12 months,	10
12 to 18 months,	15
18 to 24 months,	3

(3) *Modes of Feeding.*

Breast fed at birth,	29
Partly breast fed at birth,	1
Bottle fed,	1
Breast fed babies weaned earlier than 3rd month,	4
Breast fed babies weaned between 3rd and 6th month,	7
Breast fed babies weaned between 6th and 12th month,	13
Breast fed babies weaned after 12th month,	6

(4) *Question of Employment of Husband.*

Husband in steady employment,	21
Husband on short time,	4
Husband unemployed for a few months,	1
Husband unemployed for 1 year,	1
Husband unemployed for 2 years,	4

(5) *Housing Accommodation.*

Lodgings,	0
1-apartment houses,	6
2-apartment houses,	18
3-apartment houses,	7

Rickets is, a disease of faulty nutrition and faulty environment, and its development can be largely prevented by parents who are willing to take advantage of the newer knowledge regarding foods and diets. In order to try and impress on parents the importance of preventing the disease, the Health Visitors, on their first visit to a house after a baby arrives, leave a card describing in simple language how Rickets is caused, its symptoms, and how it can be prevented. At the clinics, such teaching is continued, and full use is made of curative measures, which aim at replacing the deficiency of Vitamin "D," the cause of the disease. The curative measures at our disposal are (1) Cod Liver Oil, (2) Artificial Sunlight, (3) Proprietary Preparations containing Vitamin "D."

Artificial Sunlight Treatment gives excellent results, always provided that regular attendance can be secured. During 1929, 78 children received this treatment at the Russell Institute; of these, 31 cases improved under treatment, in 5 cases the condition was unchanged, while no fewer than 22 children ceased attendance prematurely. The number of defaulters is again very high, and it is extremely disappointing that parents fail so often to take advantage of the facilities provided for the cure of the disease.

(10) *Special Treatment Centres.*

(1) *Dental Clinic.*

(*a*) Number of attendances, ...		1,128
(1) Mothers, ...	182	
(2) Children, ...	946	
(*b*) Number of dentures supplied, ...		0

(*c*) Summary of work:

	New Cases.	Attendances.	Extractions.	Fillings.	Dressings, etc.
Mothers,	64	182	210	9	21
Children,	369	946	666	221	244
Total,	433	1,128	876	230	265

Since 1927, this work has been carried out by the whole-time dental surgeons employed by the Education Authority at the Dental Clinic in the Russell Institute.

The figures given above show an excellent record of work. The number of new patients is 79 more than the previous highest total, while the total attendances are the highest recorded for many years. The number of new maternal cases is most encouraging, and the development of this work is a very welcome feature.

The time at present allotted to this work—four hours per week—only, of course, allows of the really urgent cases being treated, and, in this connection, I subjoin a very pertinent quotation from the latest report of Mr. A. M. Marshall. Senior Dentist of the Education Authority:—

> "The treatment, which is at present carried out on children of pre-school age, is, in the majority of cases. palliative. I feel, after two years working of this Scheme, that little can be done under the present system to preserve the dental health of this section of the community. Approximately. 5,000 children of five years of age enter the schools of Renfrewshire each year, and I state that these children have at least 20.000 teeth requiring treatment; this comprises the amount of work which is accumulating for the School Dentists in this age-group year by year. Education Authorities and State National Health Administrators fully realise the gravity of this dental question. but up till now it has not been possible for other Local Authorities to shoulder their share of the expense or responsibility. With the probability of the establishment of a Child Health Service, it will be possible for a scheme to be inaugurated whereby the teeth of the children from 1 year to 14 years of age may be examined and treated in a systematic manner."

Mr. Marshall's remarks require little comment. The work of the School Dentists would be distinctly easier—and certainly more effective and preventive in nature—if more money were spent in the supervision and treatment of dental defects in children under five years.

Sincere thanks are due to Mr. Marshall and Mr. Paterson, the School Dental Surgeons, for all their good work and willing co-operation.

(2) *Eyes.*

(*a*) Number of cases,	29
(*b*) Classified summary of conditions treated:	
Acute conjunctivitis,	16
Blepharitis,	8
Hordeola,	2
Ophthalmia neonatorum,	3

(3) *Ear, Nose, and Throat.*

(*a*) Number of cases,	180
(*b*) Classified summary of conditions treated:	
Adenoids,	15
Otorrhœa,	31
Enlarged tonsils and adenoids,	134

(4) *Ultra-Violet Light Clinic—Child Welfare Cases.*

(*a*) Number of attendances,		4,652
(*b*) Number of cases,		239
Old cases re-attending,	75	
New cases,	164	

(*c*) Note of Conditions treated and results obtained:

Dr. Janet Higgins submits the following report on this work:—

No. of Cases.	Condition.	Result.
11	Adenitis	Improved.
2	Adenitis	Condition unchanged.
6	Adenitis	Ceased attendance prematurely
3	Adenitis	Referred to surgeon.
1	Alopecia	Ceased attendance prematurely
11	Bronchial Catarrh	Much improved.
1	Chorea	Improved.
104	Debility	Improved.
13	Debility	Condition unchanged.
24	Debility	Ceased attendance prematurely
3	Infantile paralysis	General condition improved.
2	Post-diphtheritic paralysis	Improved.
31	Rickets	Improved.
5	Rickets	Condition unchanged.
22	Rickets	Ceased attendance prematurely

Expectant and Nursing Mothers:—

(*a*) Number of attendances, ... 47

(*b*) Number of cases, ... 6

Expectant mothers, ... 5
Nursing mothers, ... 1

(*c*) Note of conditions treated and results obtained:

No. of Cases.	Condition.	Result.
4	Debility	Improved.
1	Varicose Veins	Healed.
1	Adenitis	Improved.

School Children (excluding Tuberculous cases) referred by School Medical Officer.

(*a*) Number of attendances, ... 1,629

(*b*) Number of cases, ... 57

Old cases re-attending, ... 23
New cases, ... 34

(*c*) Note of conditions treated and results obtained:

No. of Cases.	Condition.	Result.
7	Adenitis	Improved.
1	Adenitis	Condition unchanged.
1	Adenitis	Referred to surgeon.
3	Adenitis	Ceased attendance prematurely
1	Alopecia	Improved.
1	Alopecia	Condition unchanged.
8	Bronchial Catarrh	Improved.
1	Bronchial Catarrh	Ceased attendance prematurely.
3	Chorea	Improved.
1	Chorea	Condition unchanged.
1	Chronic ulcer of leg	Healed.
1	Corneal ulcer	Condition unchanged.
17	Debility	Improved.
1	Debility	Condition unchanged.
2	Debility	Ceased attendance prematurely.
2	Eczema	Improved.
1	Eczema	Condition unchanged.
1	Rickets	Improved.
1	Rickets	Unchanged.
2	Rickets	Ceased attendance prematurely.
1	Seborrhoea of Scalp	Improved.

The work at this clinic shows a decrease, as compared with the previous year, total attendances being 6,328, compared with 7,637 in 1928. Attendances of child welfare cases showed a large decrease, school children a large increase; it should be remembered, of course, that child welfare cases have to be accompanied by their mothers, while the school children are referred direct from the schools. The results obtained in suitable cases are excellent, the cost of treatment is small, and the facilities at present available form a very useful adjunct to the other activities of the Child Welfare Scheme.

(11) *Day Nurseries, Kindergartens, and Play Centres.*

The Hugh Smiley Day Nursery, a well-equipped and well-conducted voluntary institution managed by a committee of local ladies, continues to do excellent work, which would otherwise have to be undertaken by the Local Authority. Suitable cases are referred to the Russell Institute for Artificial Sunlight Treatment. The Committee have recently decided to start a Toddler's Play-Centre, and it is safe to predict that this new venture will, like the Day Nursery, be an unqualified success, and fill yet another gap in the official Child Welfare Scheme.

(12) *Food and Milk.*

(*a*) Number of persons in respect of whom applications were made for food or milk:		
(1) Mothers, ...		137
(2) Children, ...		90
(*b*) Number of cases certified on medical grounds as requiring food or milk:		
(1) Mothers, ...		137
Expectant, ...	34	
Nursing, ...	103	
(2) Children, ...		89

(*c*) Number of cases under (b) certified as necessitous:

(1) Mothers, ...		128
Expectant, ...	30	
Nursing, ...	98	
(2) Children, ...		86

As in former years, I have again to record the usual generous donation of £20 from the Peter Brough Bequest Fund, and the money was again expended on material for baby clothing to help deserving mothers in necessitous circumstances.

(13) *Measles.*

(*a*) Number of cases notified (not compulsorily notifiable), ...	110
(*b*) Number of deaths:	
(1) From Measles, ...	0
(2) From sequelæ, ...	2
(*c*) Number of cases removed to hospital, ...	5
(*d*) Number of domiciliary visits, ...	126

(*e*) Details of special staff, if any, engaged for epidemics: An additional Health Visitor was appointed in 1924, who, during epidemics, devotes her whole time to home visitation.

(14) *Whooping Cough.*

(*a*) Number of cases notified (not compulsorily notifiable), ...	223
(*b*) Number of deaths:	
(1) From Whooping Cough, ...	0
(2) From sequelæ, ...	7
(*c*) Number of cases removed to hospital, ...	12
(*d*) Number of domiciliary visits, ...	270

(*e*) Details of special staff, if any, engaged for epidemics: see note under "Measles."

(15) *Ophthalmia Neonatorum.*

(*a*) Number of cases notified, ...		38
(1) By doctor, ...	0	
(2) By midwife, ...	38	
(3) By institution, ...	0	
(*b*) Number of cases in which infection was gonococcal,		10
(*c*) Number treated in residential institution, ...		0
(*d*) Number of cases in which there was appreciable loss of vision, ...		0

5 cases were treated at the Out-Patient Department of the Royal Victoria Eye Infirmary, Paisley.

(16) *Maternity Hospitals.*

(18) *Hospitals for Sick Children.*

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

A very full detailed record of the year's work, including the statistical and clinical data required by the Department of Health for Scotland, has been prepared by Dr. Mary Stevenson, Resident Medical Officer, and will be found in Part II. of the Report. Medical practitioners will find the full clinical notes of special interest. Here, I need only refer to the principal figures and comment briefly on the year's work.

Maternity Wards.

	1922	*1925*	*1926*	*1927*	*1928*	*1929*
Number of admissions, ...	233	457	496	535	483	549
Ante-natal, ...	83	168	182	206	164	166
In labour, ...	147	246	277	287	260	326
Post-natal, ...	3	1	1	2	5	7
Abortions, ...	11	42	36	40	54	48

Barshaw Hospital was opened in December, 1921, and the figures given above afford convincing proof that both medical practitioners and the public appreciate and readily take advantage of such an Institution. There can be little doubt that the expenditure involved is thoroughly justified by the results obtained. Many valuable lives have been saved, but, in my opinion, even more valuable work has been accomplished in the way of reducing that very distressing—and largely preventable—morbidity which so frequently follows in the train of childbirth.

The year under review saw a record total of admissions to the Maternity Wards, and Dr. Mary Stevenson, the keen and competent Resident Medical Officer, is to be sincerely congratulated on the year's record. Of the total admissions, 222 were sent to Hospital by medical practitioners, 322 were referred from the Ante-Natal Clinics, and 5 were transferred from other Hospitals. 50 cases were admitted from areas outwith the Burgh, as compared with 46 cases during 1928. Our experience during 1929, and during the early months of 1930, clearly indicates that the Local Authority will have to consider seriously the question of providing more accommodation at the Hospital for maternity cases. On several occasions, the Hospital has had to accommodate more than its official number, and cases of abortion and county cases have had to be refused. It is an accepted fact that overcrowding of maternity wards leads to grave risks of the spread of infection among puerperal cases, and the medical and nursing staff at Barshaw can be heartily congratulated on having, up to the present time, managed by careful technique and ever-watchful administration to avoid any untoward results. As at present administered, there is no likelihood of any decrease in the demand for accommodation, while the new Local Government Act will almost certainly result in an increased demand for every form of institutional treatment.

The ante-natal ward continues to serve as a valuable and necessary adjunct to the Ante-Natal Clinics. These clinics, now conducted at the Russell Institute, have of recent years been supplemented by another weekly session at the Hospital, where Dr. Stevenson sees cases referred to her by medical practitioners; 347 attendances were recorded during 1929, a record total.

The number of cases of abortion was 48. No deaths have occurred in the 259 cases treated in the Hospital during the last eight years, and all cases have made good recoveries. Apart from active measures of treatment for shock, hæmorrhage, etc., the rest in bed, proper feeding, etc., are very important factors in ensuring an early return to normal conditions of health. Institutional treatment of such cases is undoubtedly of great value, but, as I have already pointed out, lack of available accommodation will certainly curtail such admissions in the future; the Royal Alexandra Infirmary, however, have hitherto always been able to admit such cases when no accommodation was available at Barshaw.

The number of confinements was 407; there were 204 normal deliveries without medical assistance, 80 normal deliveries requiring some form of medical assistance, and 123 classified as abnormal or complicated deliveries. The maternal morbidity rate for the total number of deliveries was 6.6 per cent., the rate for normal deliveries, 5.6 per cent., and the rate for abnormal deliveries, 8.3 per cent. There were 35 still-births, as against 24 during 1928, giving a still-birth rate of 8.3 per cent. The neo-natal death rate, *i.e.*, deaths of infants under 8 days, was 3.1 per cent.

There were six maternal deaths, giving a maternal mortality rate for the total number of admissions of 1.9 per cent. The causes of death were as follows:—Disseminated Sclerosis and Puerperal Septicæmic (1), Dystocia, Cæsarean Section Paralytic Ileus (1), Dystocia, Rupture of Uterus, Hysterectomy (1), Pulmonary Embolism after Cæsarean Section (1), Pulmonary and Laryngeal Tuberculosis, Parturition (1), Valvular Disease of Heart, Pulmonary Œdema, Cæsarean Section (1). Details of these cases will be found in Part II. of the Report.

Dr. Donald M'Intyre, Consultant Obstetric Surgeon, was called to the Hospital on 59 occasions, and his work may be summarised as follows:—75 consultations, 25 minor operations, and 17 major operations. These figures, which form a record total, are yet another index of the importance of the ever-growing work in the maternity wards.

I have again to thank Miss Lang, Matron, for her most efficient services, and also her staff on the splendid manner in which they tackled a very heavy year's work.

Children's Ward.

When the Hospital was opened, two wards were set aside for children—one for medical cases and one for minor surgical cases. Since 1926, owing to the increased demand for accommodation for maternity cases, there has been only one ward available and this has been used chiefly for minor surgical cases.

The number of admissions during the year was 255, compared with 220 in 1928; of these, 20 were medical cases and 235 surgical cases. Of the total, 25 per cent. were infants under 1 year, 25.4 per cent. between 1 and 3 years, and 49.6 per cent. between 3 and 5 years. The average duration of residence was 10.8 days for the medical cases and 8.3 days for the surgical cases. 26 cases were recommended for admission by medical practitioners, 219 cases were referred from the Child Welfare Clinics, while 10 were transferred from the maternity wards. There were 4 deaths, all medical cases, the causes being Prematurity (2), Convulsions (1), Marasmus (1).

Of the 20 medical admissions, 5 were cases of debility, 6 marasmus, 7 prematurity, 1 dermatitis, 1 convulsions.

The work of the surgical ward was again well maintained, 305 operations, chiefly of a minor nature, being performed, as compared with the record total of 308 operations during 1928. Operations on "indoor" cases numbered 215, while "outdoor" cases numbered 90; "outdoor" cases are not formally admitted to Hospital, but are brought up early in the morning, operated on during the forenoon, and sent home usually between 4 p.m. and 5 p.m. 141 cases of tonsils and adenoids, and 15 cases of adenoids were operated on; these cases are detained on an average 5 or 6 days. The work also included 54 cases of circumcision, 13 cases of inguinal hernia, and 23 cases of talipes, treated by the application of plaster or splints. Apart from operations, the "out-door" work involved 61 consultations with Dr. Andrew Hutton, the Surgical Specialist to the Children's Ward, who is to be congratulated on the continued success of his work. Although of a minor character, this surgical work has real, preventive value, and is a most useful and necessary adjunct to the Child Welfare Clinics.

Contributions of Patients towards Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute towards the cost of treatment according to their household income: the great majority, of course, receive at least £2 as Maternity Benefit. During 1929, £846 was collected, as campared with £788 in 1928, £876 in 1927, and £712 in 1926. I subjoin a table showing the scale of Contributions.

Scale of Fees for Maternity Cases in Barshaw Hospital.

(1) Cases under "Necessitous Scale" with no Maternity Benefit—No charge.

(2) Cases under "Necessitous Scale" with Maternity Benefit—15s. per week.

(3) Non-necessitous cases under 40s. (weekly income), *plus* Maternity Benefit—£1 per week.

(4) Non-necessitous cases between 40s. and 50s., *plus* Maternity Benefit—£1 5s. per week.

(5) Non-necessitous cases between 50s. and 60s., *plus* Maternity Benefit—£1 10s. per week.

(6) Non-necessitous cases above 60s., *plus* Maternity Benefit—£2 and upwards per week.

Present scale of "Necessity," 9s. per adult and 6s. per child.

(17) *Homes for Unmarried Mothers.*

(19) *Convalescent Homes.*

(20) *Boarding-out.*

(21) *Home Helps.*

(22) *Educational.*

(23) *Note of other Agenices associated with Scheme.*

The Scheme of the Local Authority does not include any special arrangements under the above headings.

(24) *Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations (Scotland).* 1929.

These Regulations came into force on 1st October, 1929. Their purpose, and the treatment and preventive facilities provided by the Local Authority have already been described in the section of the Report dealing with Infectious Diseases. The figures given below refer to the whole year in the case of Puerperal Fever, but in the case of Puerperal Pyrexia refer only to the period, 1st October to 31st December. Details regarding cases of Puerperal Pyrexia occurring during the year in Barshaw Hospital will be found in Part II. of the Report.

(1) Total number of cases:	
(*a*) Puerperal Fever, ...	13
(*b*) Puerperal Pyrexia, ...	5
(2) Total number of cases removed to Infectious Disease Hospital:	
(*a*) Puerperal Fever, ...	6
(*b*) Puerperal Pyrexia, ...	0
(3) Total number of deaths:	
(*a*) Puerperal Fever, ...	0
(*b*) Puerperal Pyrexia, ...	0
(4) Number of cases of instrumental delivery:	
(*a*) Puerperal Fever, ...	3
(*b*) Puerperal Pyrexia, ...	0

(5) Number of deaths occurring in cases under (4) ...	0
(6) Number of cases of puerperal fever and puerperal pyrexia where the Local Authority provided assistance on the request of medical practitioners:	
(1) Consultant service, ...	0
(2) Bacteriological examinations, ...	0
(3) Skilled nursing at home, ...	0
(4) Hospital treatment.	5 cases of Puerperal Fever.

(7) Observations on the working of the Regulations.

(25) *Other Provisions.*

Institutional accommodation is available at the Fever Hospital for young children suffering from pneumonia and enteritis.

Midwives and Maternity Homes (Scotland) Act, 1927.

This Act came fully into operation in January, 1928; it amends the Midwives (Scotland) Act, 1915, and also provides for the registration and inspection of Maternity Homes. There are two registered Maternity Homes in the area—(1) a Private Nursing Home which has five rooms available for maternity cases, and (2) a Home conducted by a certified midwife who has accommodation for two cases. Both Homes were visited throughout the year. Under Section 15 (1) of the Act, exemption from registration was granted to the Royal Alexandra Infirmary.

As in past years, I have to record my most sincere thanks to Dr. Janet Higgins and Dr. Mary Stevenson, the Assistant Medical Officers, and also to the staff of Health Visitors for the keen and conscientious manner in which they tackled an exceptionally heavy year's work.

PREVENTION AND CONTROL OF TUBERCULOSIS.

Incidence of the Disease.

The principal statistics for the year are as follows:

Pulmonary Tuberculosis.—At the beginning of the year, there were 622 cases under observation; 119 cases were notified during the year; there were 48 deaths; at the end of the year, 516 cases remained under observation. 90 cases were removed to hospital.

The pulmonary tuberculosis death rate for the year was 0.55 per thousand, the lowest rate ever recorded; in 1928 this rate was 0.95 per thousand; the average rate for the past 10 years is 0.84.

The number of notifications was rather below the average number, which for the past ten years is 130.

Non-Pulmonary Tuberculosis.—At the beginning of the year, there were 584 cases under observation; 95 cases were notified during the year; there were 40 deaths; at the end of the year, 480 cases remained under observation. 32 cases were removed to hospital. Of the 40 deaths, 18 were due to tuberculous meningitis.

The number of notifications of non-pulmonary tuberculosis was well above the average number, which for the past 10 years is 83.

The death rate for all forms of tuberculosis was 1.01 per thousand, the second lowest rate recorded; in 1928 this rate was 1.33 per thousand; the average rate for the past 10 years is 1.20 per thousand.

Age Incidence of Cases Notified during 1929.

Age Periods.	Pulmonary.	Non-Pulmonary
Under 1 year, ...	0	6
1 to 5 years, ...	2	24
5 to 15 years, ...	17	27
15 to 25 years, ...	44	22
25 to 45 years, ...	39	14
45 to 65 years, ...	20	3
Over 65 years, ...	0	0

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:

Abdomen,	33
Meninges,	17
Glands,	16
Bones,	7
Joints,	7
Spine,	1
Generalised,	8
Eyes,	0
Abcesses,	4
Genito-urinary,	3
Skin,	0

As regards occupation, the principal figures are as follows:

Houseworkers,	21
Scholars,	40
Labourers,	24
Threadworkers,	16
Engineers,	8

The following table shows the relation of the housing and economic factors to the incidence of 169 cases notified and investigated during the year:

Houses.	No. of Cases.	Percentage of Total Cases.	Average No. of Inmates.	Weekly Household Income.		
				Under £2	Between £2 and £3	Over £3
1 Apartment, ... * (15·1 per cent.)	21	12·4	3·9	11	10	0
2 Apartments, ... (47·8 per cent.)	112	66·4	5·7	21	48	43
3 Apartments, ... (21·6 per cent.)	28	16·5	5·6	1	7	20
Over 3 Apartments, (15·5 per cent.)	8	4·7	5·6	0	0	8

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* The figures in brackets denote the percentage of each class of house to the total number of houses.

Extra-burghal cases, institutional cases, etc., numbered 49.

Investigation was also made regarding the sleeping accommodation of 169 cases notified during the year, and the results may be summarised as follows:—

(1) At the time of notification, 114 cases shared a bed.

(2) At the time of notification, 31 cases occupied a bed alone but shared a room.

(3) At the time of notification, 24 cases were the sole occupants of a room.

SCOPE OF THE PRESENT SCHEME.

Staff.—Chief Tuberculosis Officer, 1 Assistant Tuberculosis Officer, 1 Tuberculosis Nurse.

The work carried out during the year may be reviewed under three headings:

(1) Domiciliary Treatment.
(2) Dispensary Treatment.
(3) Institutional Treatment.

Domiciliary Treatment.—Owing to the high percentage of one- and two-roomed houses in Paisley—62.9 per cent. of the total number—proper home treatment can seldom be arranged, as it is impossible in the great majority of cases to reserve a room for the sole use of the patient. The Tuberculosis Nurse visits the houses regularly, and advises as to the care of the patient, and the precautions necessary to prevent the spread of infection; she also makes any necessary arrangements for disinfection of bedding, clothing, etc. Where necessary, beds are loaned out. Necessitous cases may also receive weekly allowances of eggs, milk, butter, etc., 15 cases receiving help in this way during 1929. Medicines are also provided for cases of insured persons treated at home, the cost during the year being £51 15s.

Expenditure on such allowances for home cases would be very much larger but for the most valuable assistance given by certain voluntary agencies whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect. These agencies are: (1) the James Clark Bequest Fund, administered by the Royal Alexandra Infirmary Committee of Management. Weekly grants of money are given from this fund to supplement the household income; all applicants have to be recommended in the first place by the Public Health Department. At the beginning of 1929 there were 59 recipients on the roll of this Fund, during the year 28 new cases received assistance, and at the end of the year 71 cases remained on the roll. The total payments to patients during the year amounted to £634 16s. (2) The Renfrewshire Memorial to the late King Edward, the funds of which are devoted to the welfare of tuberculosis patients throughout the whole County Area. During 1929, 55 patients in Paisley were assisted as follows:—8 patients received assistance in the shape of rent payments; 30 patients were provided with clothing to enable them to enter the Sanatorium or to secure employment; 13 patients received dental treatment; 3 patients were provided with beds and bedding; and 1 case with crutches. £207 15s. was spent in these various services during the year. (3) The United Services Fund gives assistance to ex-Servicemen suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by war service, and where, therefore, no pension is granted. This fund gives assistance in various ways, most usefully, perhaps, by giving weekly allowances to help to maintain the dependents of men receiving institutional treatment.

All applications for assistance from these various agencies are most carefully investigated, and only deserving cases are recommended.

Dispensary Treatment.—The Municipal Dispensary is held at the Russell Institute, and is open on the afternoons of Tuesday and Friday of each week, each session lasting fully two hours. I subjoin a table giving the principal figures relating to the work done during the last four years.

	1926	*1927*	*1928*	*1929*
Total attendances, ...	2,330	2,645	2,533	2,438
Average monthly attendances,	195	220	211	203
Primary consultations, ...	102	158	132	169

Of the new cases, 55 came to the Dispensary of their own accord, 30 were referred by medical practitioners, 55 by the Public Health Staff, 8 by the School Medical Staff, while 26 patients were referred on their discharge from hospitals and sanatoria. Apart from these cases, medical practitioners also send numerous suspicious cases for examination at the Public Health Department.

The Tuberculosis Dispensary is certainly the most convenient centre for observation and diagnosis of early cases, especially since X-ray facilities have become available, and it also serves a most useful purpose in enabling us to maintain regular medical inspection and after-care of ex-sanatorium patients.

X-Ray Diagnosis.—In 1927, the new X-Ray Department at the Russell Institute was opened under the charge of Dr. Janet Higgins. At first, only one weekly session was necessary, but Dr. Higgins' excellent work has been so much appreciated that during 1929 two sessions were required—Monday forenoon and Friday afternoon.

During 1929 Dr. Higgins dealt with 458 patients, as compared with 265 during 1928. Of these, 78 cases were referred by medical practitioners, 186 cases by the Public Health Staff, and 194 cases by the County Tuberculosis Officer. 855 plates were taken of these cases.

The diagnosis of early pulmonary tuberculosis is always an extremely difficult problem, and it has greatly added to the interest and value of the work at the Tuberculosis Dispensary to be able to confirm suspicious, but indefinite, clinical signs by means of X-Ray plates; in such difficult cases, comparison of two plates—the second one taken after an interval of four to eight weeks—has frequently made a definite diagnosis possible.

Artificial Sunlight Treatment.—During 1929, 232 tuberculosis cases received treatment in the new Department at the Russell Institute, as compared with 270 cases during 1928. The total number of exposures was 7,347, as compared with 8,902 during 1928.

The cases dealt with may be classified as follows:—

T.B. Adenitis, ...	89	T.B. Abscess, ...	11
T.B. Abdomen, ...	29	Lupus, ...	13
T.B. Bones, ...	15	"Pre-tuberculous" cases,	75

Dr. Janet Higgins, who is in charge of this work, reports as follows regarding these cases:—

> *T.B. Adenitis.*—50 cases improved, 13 cases with sinuses healed under treatment, in 15 cases the condition was unchanged, 7 cases were referred for surgical treatment, 2 cases ceased attending prematurely, 2 cases died of intercurrent disease.
>
> *T.B. Abdomen.*—15 cases improved, in 5 cases the condition was unchanged, 4 cases ceased attending prematurely, 5 cases were transferred to hospitals.
>
> *T.B. Bones.*—7 cases improved, 6 cases were referred to hospitals, in 1 case the condition was unchanged, 1 case ceased attending prematurely.
>
> *T.B. Abscess.*—In 4 cases the lesion was healed, 2 cases improved, in 2 cases the condition was unchanged, 2 cases ceased attending prematurely, 1 case was referred to hospital.
>
> *Lupus.*—7 cases improved, 2 cases improved but relapsed later, in 2 cases the condition was unchanged, 2 cases ceased attending prematurely.
>
> *"Pre-Tuberculous" Cases.*—54 cases improved, in 12 cases the condition was unchanged, 9 cases ceased attending prematurely.

The above report shows that Artificial Sunlight Treatment gives encouraging results in most types of non-pulmonary tuberculosis who are able and willing to attend regularly for treatment; certainly, such results were not obtained among the same types of cases who attended the Dispensary prior to the introduction of sunlight treatment. Carbon Arc Lamps are used in the majority of cases. 257 surgical dressings were required for these cases during the year, such work being carried out at the Tuberculosis Dispensary. Nurse Lobban, who is in charge of the X-Ray and Artificial Sunlight Departments, under the direction of Dr. Janet Higgins, is to be congratulated on her work.

Institutional Treatment.—The routine, in practically all newly notified cases, is to offer institutional treatment: except in exceptional cases, residence in a sanatorium gives all patients their best chance of having the progress of the disease arrested, and also teaches them how to look after themselves at home, and how to safeguard others from infection.

The chief cause of the many failures of institutional treatment is that far too many patients are not notified—and therefore do not receive institutional treatment—until they are in the advanced stages of the disease. I subjoin an instructive table showing the interval which elapsed between notification and death in 574 cases of pulmonary tuberculosis who died during the years 1922 to 1929:—

	No. of Cases.	Percentage of total Deaths.
Notification first received from Registrar of Deaths,	82	14·3%
Death occurring within 1 month of notification,	76	13·2%
Death occurring within 1 to 3 months of notification,	87	15·2%
Death occurring within 3 to 6 months of notification,	65	11·3%
Death occurring within 6 to 9 months of notification,	45	7·8%

In the remaining 219 cases—38.2 per cent. of the total number—the interval between notification and death was over 9 months. These figures show that 54 per cent. of the deaths from pulmonary tuberculosis since 1922 occurred within six months of notification, which really means that the majority were in the advanced stages of the disease before they were notified to the Public Health Department.

INSTITUTIONAL ACCOMMODATION AVAILABLE FOR PAISLEY CASES.

Gockston Institution.—26 beds under the control of the Local Authority. This Hospital serves as a "clearing house," where pulmonary cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge of Weir Sanatorium, if accommodation there is available, chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation.

The principal figures for 1929 are as follows:—

In hospital at beginning of year,	20— 9 males, 11 females.
Admitted during the year, ...	48—26 males, 22 females.
Deaths during the year, ...	15— 8 males, 7 females.

Craw Road Institution.—30 beds under the control of the Parish Council. This Hospital is available for all types of tuberculosis, but hitherto it has been used mainly for cases of non-pulmonary or "surgical" tuberculosis, as it is still the only institution for such cases. In 1928, the Parish Council agreed to set aside additional accommodation in the wards of the main hospital, and this has been utilised to accommodate temporarily urgent pulmonary and non-pulmonary cases for whom no other accommodation was available; whenever beds in the sanatorium wards are available, patients in the hospital wards are transferred there.

The principal figures for 1929 are as follows:—

In hospital at beginning of year,	33—13 males, 20 females.
Admitted during the year, ...	55—38 males, 17 females.
Deaths during the year, ...	12— 5 males, 7 females.

Bridge of Weir Sanatorium.—Under voluntary control. Owing to the keen demand for vacant beds from all parts of Scotland, patients have usually to wait a long time for admission to this Sanatorium. Only carefully selected "early" cases are sent there, and the results are usually very satisfactory.

The principal figures for 1929 are as follows:—

Biggart Memorial Home, Prestwick.—Under voluntary control. Children whose disease is arrested but who still require open-air treatment under medical supervision are sent to this institution, and in most cases make excellent progress. During 1929, 6 cases were admitted.

Peesweep Sanatorium.—18 beds under voluntary control. This is a most admirable institution maintained by the large thread mills for the benefit of their female employees. Most excellent work is carried out there under the medical supervision of Dr. Joshua Ferguson. The available accommodation is practically always fully utilised, 11 new cases from Paisley being admitted during 1929.

Proposed Joint County Sanatorium.—Little progress regarding this project can be reported during 1929. Plans have been approved, but tenders for the work have still to be invited. When completed, the sanatorium will solve the problem of inadequacy of institutional accommodation. more especially for cases of non-pulmonary tuberculosis.

Thanks are once again due to the Tuberculosis Staff for all their excellent work during the year. Dr. Higgins is to be specially congratulated on her work at the X-Ray Department of the Russell Institute.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows:

(1) *Facilities for Laboratory Diagnosis.*—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while other bacteriological work is done at the Clinic, Craw Road Institution.

(2) *Supplies of Salvarsan, etc.*, are available free of charge for the use of duly qualified medical practitioners.

(3) *Clinic for Out-door Cases at Craw Road Institution.*

(4) *Ward Accommodation in Craw Road Hospital.*

(5) *Educational and Publicity Campaign.*

Laboratory Diagnosis.—During the year, 407 specimens were sent to Glasgow for the Wassermann Test; of that total, 223 specimens came from the Municipal Clinic and the indoor wards, and 184 specimens from medical practitioners. The staff at the clinic examined 862 specimens, and 71 specimens were examined at the laboratory at the Fever Hospital. Total examinations, therefore, numbered 1,340.

Supplies of Salvarsan, etc., to Medical Practitioners.—220 doses were supplied during the year to twelve medical practitioners.

Municipal Clinic for Out-door Cases.

The Clinic is situated in the grounds of Craw Road Institution, but is owned and controlled by the Local Authority. The staff consists of a part-time Medical Officer—Dr. Hugh Donald—1 whole-time male orderly, a part-time clerk, and 2 part-time nurses for attendance on female patients. The Medical Officer is in attendance four sessions weekly, two sessions for males and two for females, while the clinic is open every day for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1929:—

	Syphilis.	Gonorrhœa.	Soft Sore.	Mixed Infection.	Balanitis.	Other Diseases.
(1) *No. of new cases.* 250						
Males, -	43	107	2	11	11	30
Females, -	13	22	...	5	...	6
Total, -	56	129	2	16	11	36
(2) *Total attendances.* 13,642						
Males, -	1,295	8,460	17	1,309	151	60
Females, -	500	1,528	...	265	...	57
Total, -	1,795	9,988	17	1,574	151	117

(3) *Average daily attendances,* 37·9.

(4) *Cases from outwith Paisley,* 69.

Renfrew, 10; Glasgow, 9; Johnstone, 9; Barrhead, 9; Port Glasgow, 7; Greenock, 5; Neilston, 5; Elderslie, 3; Renfrew County, 3; Lochwinnoch, 2; Bridge of Weir, 2; Ayrshire, 2; Barskiven, 1.

(5) *Laboratory Work.*

Specimens examined by staff of clinic, ...	862
Specimens sent to Glasgow, ...	223
Total, ...	1.085

As compared with 1928, new cases showed an increase of 8; new cases of syphilis, 56, were the highest yet recorded, while new cases of gonorrhœa were also above the average number, although showing a decrease of 7 compared with the figure for 1928. Total attendances again reached a record total, 13,642, a welcome indication, in my opinion, that the public are becoming educated to the benefits of, and the necessity for, sustained treatment for these diseases. The average daily attendances also set up the record figure of 37.9, as compared with 35.7 for 1928, 33.6 in 1927, 30.2 in 1926. The number of laboratory specimens examined by the staff was the second highest on record; this work, chiefly carried out by Mr. M'Geechan, the male orderly, saves the Local Authority an appreciable sum of money.

The principal statistics for 1929 may be compared with the same figures for 1923, the first year when the clinic was in full working order:—

In 1923, new cases numbered 275; in 1929, 250; the average number over 7 years is 238.

In 1923, total attendances were 7,611; in 1929, 13,642; the average number over 7 years is 10,944.

In 1923, the average daily attendances were 21; in 1929, 37·9; the average number over 7 years is 30·4.

In 1923, laboratory examinations numbered 505; in 1929, 1,085; the average number over 7 years is 805.

During the seven years, the number of new cases has kept remarkably steady, although last year showed a definite increase in the number of cases of syphilis; in the case of syphilis, the average number over seven years is 49, and for gonorrhœa, 117.

In last year's report, I suggested that the Local Authority might consider setting aside an hour in the evening for female cases who cannot attend during the day, and I am glad to report that towards the end of 1929 this recommendation was agreed to.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available for acute cases in Craw Road Hospital, four of the beds being reserved for patients from Greenock; the Parish Council is responsible for maintenance and treatment, the cost being refunded by the Local Authority.

During 1929, 62 patients received treatment, as compared with 54 during 1928; this is the highest number treated, the average number for the past seven years being 53. Of the total, 46 were Paisley cases, 9 were Greenock cases, while 2 came from Glasgow, 2 from Neilston, and 1 each from Renfrew, Johnstone, and Inkerman.

I have, as usual, to record sincere thanks to Dr. Hugh Donald and his staff for all their excellent work, as well as my continued indebtedness to the Governor, the Matron, and other officials at Craw Road Institution, for their helpful co-operation.

HOUSING OF THE WORKING CLASSES.

My estimate of the number of houses required at the end of 1929 adequately to meet the needs of the district is 515. The Census of 1921 showed that 1,441 houses were required to deal with overcrowding; according to the Registrar-General's latest estimates, 80 new houses per annum are required to meet the natural increase of population; the latest report by Mr. Kelso, Sanitary Inspector and Executive Officer under the Housing Acts, shows that 572 new houses are required to replace uninhabitable houses, at present occupied, which should be closed and demolished; from the total so arrived at, fall to be deducted the houses built by the Local Authority under the various Acts, and also the small number of houses of 2-, 3-, and 4-apartments built by private builders.

Encouraging progress continues to be made with the various Corporation Housing Schemes. During 1929. 422 new houses were completed and occupied, the second highest annual total so far attained. At the end of the year a total of 2.264 new houses had been sanctioned by the Department of Health for Scotland, of which 2,010 had been completed and occupied: in addition, 102 houses have been built under the Slum Clearance Schemes, making a grand total of 2,112 houses built by the Local Authority.

Housing progress since the War can best be judged by the table given below, for which I am indebted to Mr. James Lee, Master of Works.

Number of Houses erected and occupied within the Burgh, 1919 to 1929.

Year.	Erected by—										Grand Total.
	Private Enterprise.						Local Authority.				
	2 apt.	3 apt.	4 apt.	5 apt.	Over 5.	Total.	2 apt.	3 apt.	4 apt.	Total.	
1919, -	...	2	...	...	. .	2	...	...	...	...	2
1920, -	...	3	1	1	...	5	...	...	...	...	5
1921, -	...	1	...	1	1	3	...	92	...	92	95
1922, -	...	...	3	2	...	5	...	86	38	124	129
1923, -	..	...	4	14	3	21	...	102	52	154	175
1924, -	1	9	9	13	9	41	48	66	...	114	155
1925, -	...	23	20	35	1	79	120	62	...	182	261
1926, -	...	6	5	21	3	35	72	76	...	148	183
1927, -	...	7	17	39	2	65	182	186	...	368	433
1928, -	...	9	18	26	4	57	233	275	...	508	565
1929, -	2	4	24	26	5	61	208	214	...	422	483
Total, -	3	64	101	178	28	374	863	1159	90	2112*	2486

* This figure includes 102 houses built under Slum Clearance Scheme.

Nowadays it is generally agreed that the future housing policy of the Local Authority must be directed mainly to the solution of the clamant problem of the slum-dwellers and those who cannot afford to pay the rents of the Corporation houses at present being built. All the available evidence supports such a policy. In this connection, the latest report of Mr. Kelso, Executive Officer under the Housing Acts, may be quoted:—

"*Housing (Inspection of Districts) Regulations (Scotland)* 1928."

1. Number of dwelling-houses inspected, ... 3,487
2. Number of dwelling - houses which, on inspection, were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, ... 599

    Of which 26 now closed.

Mr. Kelso's comments on the above figures may also be quoted:—

> "Of the 572 houses reported as unfit for human habitation, 245 were of 1-apartment; 291 of 2-apartments: 33 of 3-apartments; and 3 of 4-apartments. Generally, the defects were due to faults of construction, old age, and general decay. dampness, and disrepair, such as to put the houses beyond being considered reasonably fit to be repaired or reconditioned. About 30 per cent. of these, and other similar houses, are overcrowded, and occupied mostly by the lower paid workers and their families, and others with small incomes on the border line of poverty, who are, if not actually refused other houses, not looked upon with favour by property owners for an exchange into houses suitable to their means and family requirements. Until a sufficient number of low-rented houses can be provided such as these people can be moved into, it is found to be impossible to do anything to remedy the overcrowding. That the seriousness of the insanitary and uninhabitable condition of these houses is very much aggravated by the overcrowding, must be brought home to every right-thinking person who tries to visualize what the conditions are like with as many as 9 persons in some of the 1-apartment houses, and up to 14 persons in some of the others, and in some instances two families huddled together in them. The average rents and rates of these 1-apartment houses was about 16s. per month, those of the two-apartment houses about 25s. per month, 3-apartments about 35s. per month, and 4-apartments about 40s. per month. In by far the greater number of cases, the family income ranged from about £2 10s. to £3 10s. per week."

Following on Mr. Kelso's report, the Local Authority decided to proceed with the erection of 500 2- and 3-apartment houses at rents as nearly as possible approximating to those being paid for the uninhabitable houses; it is hoped to fix rents of about £12 for the new 2-apartment houses, and £14—£15 for the 3-apartment houses. It was also agreed that the uninhabitable houses should be closed gradually as soon as the new houses are ready for occupation. It is expected that about 75 per cent. of these new houses will be of 3-apartments.

It is sincerely to be hoped that the driving force of an educated public opinion will support the aggressive policy of the Local Authority in its campaign against the slums; without such active support, no sustained effort is possible. The decision of the Local Authority to make the majority of the new houses of 3-apartments is most welcome. I subjoin a table showing the present classification of houses in Paisley.

Classification of Houses in Paisley.

Total Number of Houses—21,391.

	1-apt.	2-apts.	3-apts.	4-apts.	5-apts. and over.
Number of Houses, ...	3,232	10,219	4,623	1,227	2,090
Percentage of Total number,	15·1	47·8	21·6	5·7	9·8
Percentage of Total number at Census, 1921, ...	17·9	51·2	18·5	5·6	6·8

The above table shows that at present 62.9 per cent. of the total houses in the Burgh are of 1- and 2-apartments, and surely such a proportion is high enough for all requirements. It is repeatedly said that the great majority of people prefer 2-apartments, and do not desire any larger houses; but it should be remembered that the sole reason for such a preference is, in the great majority of cases, the high rent that has hitherto been charged for 3-apartment houses, a rent which the majority of working men simply cannot afford to pay. If the rents of the 3-apartment houses at present being built to replace uninhabitable houses are fixed about £14 or £15, it is safe to prophesy that there will be no lack of applicants.

BLIND PERSONS ACT, 1920.

A Joint Committee, representing all the Local Authorities in the West of Scotland, administer this Act, Paisley being represented by the Convener of the Public Health Committee. There are 118 blind persons on the local register.

Suitable cases are sent for training to the Royal Glasgow Asylum or to the similar institution in Edinburgh; while there, the Renfrewshire Education Authority is responsible for the cost of their technical training, while the Local Authority bears the cost of their maintenance. During 1929, 8 persons received training in the Glasgow Asylum, while 2 received special tuition in the Edinburgh Asylum. 1 case was resident in the Home for Aged Blind Men at Clynder, which is under the management of the Royal Glasgow Asylum. Other facilities available include free tramway passes in suitable cases, and free wireless licenses; during 1929, 14 persons held free tramway passes, the cost of which is borne by the Local Authority.

MEAT INSPECTION—PUBLIC SLAUGHTERHOUSE.

The Burgh Slaughterhouse is under the competent management of Mr. Hugh Cameron, who is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work done during 1929:—

Class of Animal.	Total Slaughtered.	Carcases Totally Condemned.	Carcases Partially Condemned.	Carcases in which Organs only were Condemned.
Cattle, -	8.218	146	246	986
Calves, -	2,335	41	—	8
Sheep, -	13,860	12	6	383
Swine, -	2.711	21	29	102
Totals, -	27.124	220	281	1,479

Of the 1,980 diseased animals, 1,528 were affected with tuberculosis, of which 144 were totally condemned and 238 partially condemned. The weight of meat condemned during the year was 42 tons, 15 cwts.

During the year, Mr. James Andrew, Burgh Veterinary Inspector, seized 6 cows in the public markets; *post-mortem* examination at the Slaughter-house showed that all were affected with generalised tuberculosis, and the carcases were totally condemned. One cow was seized under Article 5 of the Tuberculosis Order, 1925; it was found to be affected with localised tuberculosis, and the carcase was passed.

DIABETES—PROVISION OF INSULIN.

The Local Authority provide Insulin, etc., to necessitous patients suffering from diabetes who are not otherwise provided for out of public funds. 2 patients were assisted in this way during 1929.

MILK AND DAIRIES (SCOTLAND) ACTS.

Mr. W. W. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts, and I am indebted to him for most of the following information.

There are at present 17 registered cow-sheds in the Burgh, the average number of cows kept being 363, and the average amount of milk produced being about 774 gallons daily. These were all inspected on an average of fully 4 times during the year, and the results recorded on the score card system; the lowest marks recorded were 82 out of a possible 100, as compared with 70 during 1928.

All the registered dairy premises were systematically inspected during the year, 370 inspections being made, which represents an average of over 4 inspections for each dairy. The results of inspection, as recorded in the score card system, ranged from 76 to 100 points, as compared with 74 to 100 points during 1928.

There are 74 retail dairy shops on the register; 8 wholesale dealers; 21 shops for the sale of bottled milk; and 24 carts or other vehicles from outside areas registered to sell milk within the Burgh.

The daily consumpt of milk within the Burgh is approximately 5,768 gallons, made up of 3,653 gallons bulk milk and 2,115 gallons bottled milk; the total bottled milk comprises 36 gallons certified milk, 359 gallons ordinary milk cooled and bottled, and 1,720 gallons pasteurised milk. These figures represent a daily consumpt per head of the population of 2.13 gills—just over half a pint—a low consumpt and one which could well be increased with great benefit to the health of the community. Recent experiments have proved beyond any reasonable doubt that milk is the ideal food for growing children, and the public must be educated to act on this knowledge. If the money at present spent on patent foods and patent medicines was devoted instead to the purchase of extra milk, there would be much less talk of this C3 generation.

I subjoin an interesting table from Mr. Kelso's Annual Report, giving the results of tests made for sediment in milk; comparison of the figures, as Mr. Kelso points out, gives indication of a gradual appreciable improvement in cleaner methods of production:—

SEDIMENT PARTS.	YEAR 1926.			YEAR 1927.			YEAR 1928.			YEAR 1929.		
	No. of Samples Examined.		Total Examined.	No. of Samples Examined.		Total Examined.	No. of Samples Examined.		Total Examined.	No. of Samples Examined.		Total Examined.
	Produced in Burgh.	Produced in Country.		Produced in Burgh.	Produced in Country.		Produced in Burgh.	Produced in Country.		Produced in Burgh.	Produced in Country.	
0 to ·5	...	1	1	...	3	3	...	...	...	...	...	...
·5 ,, 1·	8	14	22	5	9	14	2	7	9	4	10	14
1. ,, 1·5	1	6	7	...	2	2	3	2	5	...	1	1
1·5 ,, 2·	8	13	21	4	8	12	9	16	25	7	21	28
2· ,, 2·5	...	...	...	2	4	6	2	3	5	...	2	2
2·5 ,, 3·	2	5	7	4	4	8	2	3	5	3	10	13
3· ,, 3·5	1	2	3	...	1	1	1	3	4	...	...	...
3·5 ,, 4·	4	3	7	3	9	12	2	7	9	3	7	10
4· ,, 4·5	...	...	...	2	2	4	1	...	1	...	...	...
4·5 ,, 5·	1	1	2	2	4	6	...	4	4	1	2	3
5· ,, 5·5	...	...	...	..	1	1	...	...	...	...	...	...
5·5 ,, 6·	1	1	2	...	1	1	1	1	2	1	...	1
6·4 parts	...	...	...	1	...	1	...	...	...	...	...	...
7· ,,	...	...	...	...	1	1	...	2	2	...	...	...
10· ,,	...	...	...	...	...	...	...	1	1	...	...	...
TOTALS,	26	46	72	23	49	72	23	49	72	19	53	72

1 new licence was granted for the sale of pasteurised and certified milk; the subjoined table shows the results of analysis of these two graded milks:—

		BACTERIOLOGICAL EXAMINATION.		CHEMICAL ANALYSIS.		
		Bacterial content per c. c.	Coliform Bacilli per $\frac{1}{10}$ c. c.	Milk Fat. per cent.	Non-Fatty Solids, per cent.	Total Solids. per cent.
PASTEURISED MILK— 9 Samples.	Highest,	44,000	Absent in 8. Present in 1.	3·60	8·95	12·55
	Lowest,	2,700		3·10	9·00	12·10
	Average,	17,855		3·41	8·93	12·34
CERTIFIED MILK— 8 Samples.	Highest,	4,400	Absent in all.	4·10	9·30	13·40
	Lowest,	800		3·70	8·77	12·47
	Average,	2,512		3·90	8·91	12·81

The attention of the vendor was directed to the sample of pasteurised milk, which contained coliform bacilli.

The Burgh Analyst is Mr. R. M. Clark, Glasgow, while special tests and examinations are carried out by Dr. R. M. Buchanan, City Bacteriologist, Glasgow.

No outbreak of disease spread by milk or milk products was reported during the year.

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

The whole question of purification of the sewage of the Burgh is still under the consideration of a Special Committee. The general outline of a scheme has been prepared by Mr. James Lee, Master of Works, and the Committee have agreed that expert advice should be obtained before proceeding further. Meanwhile, estimates are being prepared in connection with an application for a Government grant in aid of the work.

The new Refuse Destructor, installed in 1923, dealt with 20,116 tons of unscreened refuse during the year, the daily average—with two eight hours' shifts—being 65 tons, 6 cwts. The revenue from residual products, clinker, mortar, waste paper, old tins, etc., amounted to £474, compared with £536 for the previous year. The electricity generated and used was equal to a consumpt of £333.

FACTORIES AND WORKSHOPS.

Excluding bake-houses, there are 134 workshops on the register, and 213 inspections were made of those most requiring attention.

In terms of the Home Work Order, 20 lists of outworkers were received; 11 in February, relating to 65 outworkers, and 9 in August, relating to 70 outworkers, 124 of whom were employed within the Burgh and 11 outwith. 6 lists regarding outworkers were sent to the Authorities of the districts where they were employed, and 5 lists were received from other Authorities. Inspection of such premises disclosed nothing calling for special attention.

There are 53 bakehouses in the town, none of which are underground. 4 notices were received from H.M. Inspector of Factories, all of which referred to the necessity for lime-washing; these notices received immediate attention.

PART II.
STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	1929.
Total number of Births (corrected), ...	1,830
Number of Illegitimate Births (corrected), ...	87
,, Births in 1-roomed houses, ...	344
,, Births in 2-roomed houses, ...	652
,, Births in 3- or more roomed houses, ...	242
,, Births in 1-roomed houses where the parents were lodgers, ...	4
,, Births in 2-roomed houses where the parents were lodgers, ...	69
,, Births in 3-roomed houses where the parents were lodgers, ...	37
,, Births in Barshaw Hospital, ...	416
,, Births in Other Institutions, ...	87
,, Births in Caravans, ...	11
,, Premature Births, ...	69
,, Infants "breast-fed" at first visit, ...	1,384
,, Infants "bottle-fed" at first visit, ...	107
,, Infants partly breast and partly bottle-fed at first visit,	33

STILL-BIRTHS DURING 1929—TOTAL 92.

PROBABLE CAUSES IN 79 CASES.

Accidental Hæmorrhage, ...	10	Instrumental Delivery, ...	4
Accident to Mother during Pregnancy, ...	4	Influenza during Pregnancy,	1
Albuminuria, ...	7	Malpresentations, ...	17
Congenital Defects, ...	2	Prematurity, ...	9
Contracted Pelvis, ...	6	Prolapsed Cord, ...	2
Cord round Neck, ...	3	Placenta Prævia, ...	3
Eclampsia, ...	1	Precipitate Labour, ...	2
Fibroid Uterus, ...	1	Twin Pregnancies, ...	3
Hydramnios, ...	1	Venereal Disease, ...	3

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1929.
Number of Sessions, ...	101
Number of expectant mothers attending, ...	595
Total Attendances, ...	2,186
Number of First Attendances, ...	507
Average attendance per session, ...	22

Sources from which Cases were drawn:—

1.	Recommended by midwives, ...	47
2.	Referred from doctors, ...	27
3.	Unrecommended, ...	521

Classification of Conditions:—

Albuminuria, ...	44
Anæmia, ...	2
Ante-partum Hæmorrhage, ...	7
Bronchial Catarrh, ...	17
Cardiac Disease, ...	2
Contracted Pelvis, ...	22
Dental Caries, ...	27
Debility, ...	22
Gynæcological conditions, ...	1
Hyperemesis, ...	10
Multiple Pregnancy, ...	2
Malpresentation, ...	6
Mastitis, ...	1
Minor ailments, ...	332
Normal Pregnancy, ...	61
Not Pregnant, ...	8
Premature Births, ...	3
Pyuria, ...	3
Rheumatism, ...	1
Still-Births and Miscarriages, ...	9
Varicose Veins, ...	8
Venereal Disease, ...	7

90 cases were referred for treatment to the Ante-Natal Wards at Barshaw Hospital.

THE RUSSELL INSTITUTE.

CLINICS FOR MOTHERS AND CHILDREN.

	1929.
Number of sessions,	302
,, new patients attending,	1,892
,, old patients re-attending,	1,531
Total attendances,	13,393
Average attendance per session,	44·34
Number of infants under 1 year attending,	1,182
,, children, 1–5 years, attending,	1,479
,, illegitimate children attending,	25

Methods of feeding of infants at first visit—

1. Breast,	641
2. Bottle,	205
3. Breast and bottle,	44
Children attending once only,	262
Children referred to Hospitals,	269
Number of nursing mothers attending,	762
Total attendances of nursing mothers,	2,677

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—*Children*—

Congenital Defects,	13
Debility,	420
Dental Caries,	229
Digestive disorders,	358
Diseases of the Skin,	243
Ear affections,	31
Throat and Nose disorders,	149
Eye affections,	30
Infectious Diseases,	28
Healthy Children,	368

Intestinal Parasites,	29
Marasmus,	11
Mental Deficiency,	1
Prematurity and Birth Debility,	120
Respiratory disorders,	292
Rickets,	84
Surgical conditions (excluding Throat and Nose),	246
Tuberculosis,	9

B—*Nursing Mothers*—

Agalactia,	184
Gynæcological conditions,	33
Debility and minor ailments,	539
Mastitis.	6

SUMMARY OF WORK AT DENTAL CLINIC.

	1923.	*1924.*	*1925.*	*1926.*	*1927.*	*1928.*	*1929.*
Total attendances, ...	1,059	1,159	1,100	1,028	1,040	867	1.128
Extractions, ...	371	491	493	492	601	683	876
Dressings, fillings, etc.,	632	661	565	475	661	449	486
Number of new patients attending,... ...	248	252	233	225	354	333	433

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1929.

General Report on the Working of the Act.

Total number of midwives on roll, ...	26
Number of Midwives holding C.M.B. Certificate,	8

The Senior Assistant Medical Officer paid 66 domiciliary visits to Midwives throughout the year, and also had 30 personal interviews at the Public Health Office; she reports that in most cases Registers, Bags, etc., were in satisfactory order.

Notifications of Ophthalmia Neonatorum numbered 37, being 2 less than during the previous year; all the cases notified occurred in the practice of midwives. In 24 cases, smears were taken for bacteriological examination and 10 of these were proved to be due to a gonococcal infection; in the remaining 13 cases, no smear could be taken owing to the absence of any discharge. No fewer than 429 domiciliary visits were paid to these cases by the Senior Assistant Medical Officer and the Health Visitors, while 5 severe cases were referred for expert treatment to the local Eye Infirmary. No impairment of vision resulted in any case.

Co-operation between the Midwives and the Public Health Department continues on satisfactory lines.

Births in Area.

Total number of births during 1929, ...	1,791
Total number of deaths of new-born children (within 10 days) during 1929, ...	57
Actual number of births attended by midwives during 1929, ...	769
Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1929, ...	12
Actual number of cases not attended by a doctor or midwife during 1929—	
Births, ...	0
Deaths, ...	0

Cases of Ophthalmia Neonatorum.

Total number of cases during 1929, ...	37
Actual number of cases occurring in the practice of midwives during 1929, ...	37
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1929, ...	0

Cases of Puerperal Sepsis.

Total number of cases during 1929, ...	13
Total number of deaths during 1929, ...	0
Actual number of cases occurring in the practice of midwives during 1929, ...	6
Actual number of deaths occurring in the practice of midwives during 1929, ...	0
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1929—	
Cases, ...	0
Deaths, ...	0

Cases of Puerperal Pyrexia.

Total number of cases during 1929, ...	5
Total number of deaths during 1929, ...	0
Actual number of cases occuring in the practice of midwives during 1929, ...	0
Actual number of deaths occurring in the practice of midwives during 1929, ...	0
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1929—	
Cases, ...	0
Deaths, ...	0

Cases of Still-Birth.

Total number of cases during 1929, ...	92
Actual number of cases occurring in the practice of midwives during 1929, ...	23

Cases of Emergency.

Number of cases in which medical practitioners were called in under Section 22 of the Act, ...	145

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

REPORT FOR YEAR ENDING 31st DECEMBER, 1929.

MATERNITY WARDS.

Number of admissions during 1929,		549
Ante-natal,	166	
Natal,	326	
Post-natal,	7	
Abortions,	48	
Not pregnant,	2	

Of the above 549 admissions, the number from outwith the Burgh was,	50

Average daily number of patients in residence—

January,	20·9	20·5
February,	21·7	
March,	19·	
April,	26·	25·4
May,	26·8	
June,	23·4	
July,	24·1	21·5
August,	19·	
September,	21·3	
October,	23·5	20·9
November,	18·8	
December,	20·5	

Source of cases admitted—

From Ante-natal Clinic at Russell Institute,		322
From medical practitioners,	Emergency cases,	160
	Booked cases,	62
From other hospitals,		5

Ante-natal Clinic at Barshaw Hospital.

Number of patients sent by doctors for consultation only,	12	
Number of consultations with 62 cases referred by doctors for confinement,	335	
Total number of consultations,	347	
Number of consultants' visits to hospital,		59
Major operations performed by consultant (abdominal operations),	17	
Minor operations performed by consultant,	25	
Consultations,	75	
Receipts from patients during the year 1929,	£846 7	5

ANTE-NATAL COMPLICATIONS TREATED IN HOSPITAL.

Accidental hæmorrhage,	7
Albuminuria,	30
Albuminuria and bronchitis,	1
Albuminuria and pyuria,	8
Anæmia,	2
Breech presentation,	4
Bronchitis,	3
Cardiac disease,	3
Contracted pelvis,	15
Cystitis,	2
Debility,	11
Eclampsia,	3
False labour,	31
Fibroid tumour in uterus,	2
Gonorrhea,	1
Hydramnios,	1
Hyperemesis,	11
Oedema without albuminuria,	2
Placenta prævia,	2
Previous precipitate labours,	1
Pulmonary tuerculosis,	2
Pyelitis,	8
Rheumatism,	1
Threatened premature labour,	3
Vaginismus,	1
Varicose veins,	11
Total,	166

BRIEF DETAILS OF RESULTS OF ANTE-NATAL TREATMENT.

N.P.=Normal puerperium.

Condition.	Result.	No.
Accidental hæmorrhage.	Hæmorrhage arrested; dismissed well, ...	4
	Normal labour (premature); child alive; N.P.,...	2
	Normal labour (premature); macerated fœtus; N.P., ...	1
Albuminuria.	Urine cleared; dismissed well, ...	11
	Persistent haze albumen; left against advice, ...	1
	Urine cleared; normal labour (full term); child alive; N.P., ...	10
	Urine cleared; normal labour (premature); child alive; N.P., ...	3
	Urine cleared; contracted pelvis—forceps delivery: child alive; N.P., ...	1
	Urine cleared; normal delivery of twins; both alive; manual removal of adherent membranes; N.P.,	1
	Normal labour; child alive; N.P. but persistent haze of albumen (chronic nephritis), ...	2
	Oedema excessive: urine cleared; normal labour (full term); child still-born; puerperium mildly febrile, ...	1
Albuminuria and bronchitis.	Urine cleared; normal labour; child alive; asthma and bronchitis in puerperium; febrile till 8th day,	1
Albuminuria and pyuria.	Urine cleared; dismissed well, ...	4
	Urine cleared; normal labour; child alive; N.P.,	3
	Improved; premature labour: normal delivery of twins; both alive; N.P.; persistent pyuria, ...	1
Anæmia.	Improved; dismissed well, ...	2
Breech presentation.	Version to vertex; later, normal labour; child alive; N.P., ...	3
	Attempted version at 35th week caused rapid onset of premature labour—version impossible; child still-born; N.P., ...	1
Bronchitis.	Improved; normal labour; child alive; N.P., ...	3
Cardiac disease.	Improved; normal labour; child alive; N.P., ...	1
	Improved: Cæsarean section: child alive; N.P.,	1
	Condition critical on admission; premature labour; Cæsarean section under spinal anæsthesia (stovaine); child alive: mother died half-an-hour later, ...	1
Contracted pelvis.	Normal labour; child alive; N.P., ...	3
	Forceps delivery; child alive; N.P., ...	2
	Forceps delivery; child alive; N.P. (child had operation for depressed fracture of skull), ...	1
	Forceps delivery; child alive: puerperium febrile for 2 days, ...	1
	Cæsarean section: child alive: N.P., ...	4

Ante-natal treatment—contd.

CONDITION.	RESULT.	NO.
Contracted pelvis.	Cæsarean section; child alive; puerperium febrile (bronchitis),	1
	Cæsarean section: child alive; N.P. (except for threatened mastitis),	1
	Cæsarean section; child alive; pelvic cellulitis; pyrexia,	1
	Cæsarean section; child alive; persistent vomiting after operation; patient died in 2 days from paralytic ileus.	1
Cystitis.	Improved; dismissed well.	2
Debility.	Improved; dismissed well,	4
	Improved; normal labour; child alive; N.P.,	2
	Unresolved pneumonia—improved; normal labour; child alive; puerperium febrile,	1
	Improved; uterine inertia; forceps delivery of large child with spina bifida; child alive; N.P.,	1
	Improved; forceps delivery owing to pelvic contraction; child alive; N.P.,	1
	Improved; forceps delivery owing to pelvic contraction; child alive; puerperium febrile.	1
	In post-encephalitic state; normal labour; child alive; N.P.; but convalescence slow.	1
Eclampsia.	Condition cleared up; normal labour; child alive: N.P.,	1
	Condition cleared up; manual delivery of impacted breech; child alive; N.P.,	1
	Condition cleared up: premature normal delivery of macerated fœtus; N.P.,	1
False labour.	No further pains; dismissed well,	27
	Later, normal labour; child alive; N.P..	4
Fibroid tumour in uterus.	Normal labour; child alive; N.P.,	1
Fibroid tumour in uterus.	Forceps delivery of large child; child alive; N.P.,	1
Gonorrhea.	Transferred to venereal disease hospital,	1
Hydramnios.	Premature normal delivery of twins: 1 alive; 1 still-born; N.P..	1
Hyperemesis.	Improved; vomiting stopped: dismissed well,	8
	Improved; vomiting stopped: normal labour; child alive; N.P.,	2
	Improved; vomiting stopped: later, aborted; adherent placenta removed manually; N.P.,	1
Oedema without albuminuria.	Improved. and dismissed well.	1
	Improved: normal labour; child alive; N.P.,	1
Placenta prævia.	Hæmorrhage ceased: recurred: debilitated patient of 45; packing. and then version: premature child still-born: N.P..	1
	Hæmorrhage ceased; primipara, anæmic and emaciated; pelvic contraction; not fit subject for Cæsarean section; forceps delivery at term; child still-born; N.P..	1

Ante-natal treatment—contd.

CONDITION.	RESULT.	No.
Previous precipitate labour.	Normal labour; child alive; N.P., ...	1
Pulmonary tuberculosis.	Advanced pulmonary and laryngeal tuberculosis; condition aggravated by pregnancy; induction of premature labour; spontaneous delivery; child alive for 19 days; puerperium febrile; dyspnœa slightly relieved but pulmonary and general condition became gradually worse; died on 9th day,	1
Pulmonary tuberculosis.	General condition improved; normal labour; child alive; puerperium mildly febrile; dismissed to have sanatorium treatment, ...	1
Pyelitis.	Improved; urine cleared; dismissed well, ...	6
	Improved; normal premature labour; child lived 4 days; puerperium mildly febrile: urine cleared,	1
	Improved; urine cleared; later, miscarried: puerperium normal, ...	1
Rheumatism.	Transferred to general hospital, ...	1
Threatened premature labour.	Improved: dismissed well, ...	3
Vaginismus.	Normal labour; child alive; hæmatoma incised; vagina repaired; N.P., ...	1
Varicose veins.	Improved; dismissed well, ...	8
	Improved; normal labour; child alive; N.P., ...	2
	Improved; normal labour; child alive; mild phlebitis and pulmonary infarction in puerperium,	1
	Total,	166

ANTE-NATAL WARDS.

Number of cases treated, ...	166
Number of Maternal deaths, ...	3
Number of cases dismissed undelivered, ...	83
Number of cases delivered before dismissal (3 of twins),	81
Number of cases aborted or miscarried before dismissal,	2
Number of still-births, ...	7
Maternal mortality rate for patients treated in ante-natal ward (3 deaths), ...	1·8%
Maternal morbidity rate for patients delivered (8 pyrexias), ...	9·8%
Still-birth rate for cases delivered, ...	8·6%
Neo-natal death rate for cases delivered, ... (death of infant before 8th day.)	3·5%

ABORTIONS AND MISCARRIAGES.

Type.	Result.	No.
Incomplete.	Completed; N.P.; dismissed well, ...	1
	Curettage; N.P.; dismissed well, ...	22
	Septic condition when admitted; curettage; pyrexia; dismissed well, ...	1
	Admitted from puerperal hospital for curettage: septic condition on admission; curettage; pyrexia; transferred back to puerperal ward, ...	1
	Large fibroids in uterus; hysterectomy; normal convalescence; dismissed well, ...	1
Inevitable.	Completed; N.P.; dismissed well.	11
	Curettage; N.P.; dismissed well, ...	3
Missed.	Curettage; N.P.; dismissed well.	1
Threatened.	Hæmorrhage ceased; dismissed well, ...	7
	Total,	48
Patient admitted with hyperemesis; incomplete abortion; curettage; N.P.,		1
Patient admitted with pyelitis; miscarriage (complete); N.P., ...		1
	Total,	50

Maternal deaths after abortion or miscarriage, ...	0
Cases of puerperal morbidity after abortion or miscarriage, ...	2
Incomplete abortion; condition septic on admission; temp. 100·4°F.; P. 108; curettage; fœtid placental debris removed; serum given next day; pyrexia till 12th day; dismissed well on 24th day, ...	1
Incomplete abortion; condition septic on admission; admitted from puerperal hospital; temp. 101°F.; P. 118; curettage; fœtid placental debris removed; pyrexia; serum given on 3rd day; transferred back to puerperal hospital on 7th day, ...	1
Number of cases of puerperal sepsis following abortion which were transferred from hospital, ...	1

ABNORMAL OR COMPLICATED LABOURS.

CONDITION.	RESULT.	No.
Accidental hæmorrhage.	Normal delivery; child alive; N.P., ...	1
	Normal delivery; membranes removed manually; child alive; N.P., ...	1
	Normal delivery; child still-born; N.P., ...	4
	Cæsarean section; child alive; N.P., ...	1
Cardiac disease.	Improved; Cæsarean section; child alive; N.P.,...	1
	Condition critical on admission; premature labour; Cæsarean section under stovaine anæsthesia; child alive; mother died half-an-hour later, ...	1
Contracted pelvis.	Forceps delivery; child alive; N.P., ...	24
	Forceps delivery; child alive; N.P.; later child had depressed fracture of skull successfully treated, ...	1
	Forceps delivery; child alive; pyrexia for 2 days,	1
	Forceps delivery; child still-born; N.P., ...	2
	Forceps delivery; child still-born; pyrexia, ...	1
	Admitted as "failed forceps case"; no fœtal heart heard on admission; forceps delivery; child still-born: mildly febrile puerperium, ...	1
	Admitted as "failed forceps"; no fœtal heart on admission; rupture found in lower segment of uterus; craniotomy; packing in pelvis; N.P.,...	1
	Cæsarean section; child alive; N.P., ...	4
	Cæsarean section; child alive; bronchitis. pyrexia for 4 days in puerperium, ...	1
	Cæsarean section; child alive; threatened mastitis; N.P., ...	1
	Cæsarean section; child alive; pelvic cellulitis; pyrexia, ...	1
	Cæsarean section; child alive; patient died in 2 days from paralytic ileus, ...	1
Eclampsia.	4 convulsions before admission; 2 convulsions soon after admission; later, normal delivery; child alive; N.P.; urine cleared, ...	1
	5 convulsions before admission; 1 convulsion soon after admission; normal delivery of twins; 1 alive and 1 still-born; N.P.; urine cleared, ...	1
	4 convulsions before admission; 2 convulsions soon after admission; later, forceps delivery because of pelvic contraction; child alive; N.P.; urine cleared, ...	1
Fibroid tumour in uterus.	Forceps delivery at term; child alive; N.P., ...	1
Hydramnios.	Membranes ruptured artificially; breech presentation then diagnosed; manual delivery of anencephalic fœtus with large spina bifida; N.P., ...	1

Abnormal or complicated labours—contd.

CONDITION.	RESULT.	NO.
Impacted breech.	Large child; limbs extended; manual delivery; child alive; N.P.,	6
	Large child; limbs extended; manual delivery; child still-born; N.P.,	1
	Very small vulvar orifice; limbs extended: episiotomy done; manual delivery; child alive; N.P.,	1
	Onset of labour during attempt at version at 35th week; membranes ruptured; version impossible; delivered as breech; child still-born; N.P.,	1
Impacted head (in breech case).	Admitted as failed breech delivery; body born as far as neck; gross lacerations of vagina and perineum; head impacted; no fœtal heart heard on admission; head was perforated and delivery completed; vaginal and perineal repair; pyrexia for 10 days,	1
Impacted shoulders.	Hydrocephalic head born before admission; shoulders impacted; manual delivery of still-born child—general fœtal œdema; N.P.,	1
Large child.	Admitted as "failed forceps" case: normal delivery of large child with hydrocephalus and spina bifida; child alive for 1 day; N.P.,	1
	Forceps delivery of large child with spina bifida and club feet; child alive; N.P.,	1
	Forceps delivery; large child; shoulders impacted; difficult manual delivery; child still-born; phlegmasia alba dolens but no pyrexia,	1
	Protracted labour before admission: "failed forceps" case; uterus ruptured soon after admission; Cæsarean section and hysterectomy; still-born child delivered; patient died 6 hours later,	1
Occipito-posterior position.	Rotation of vertex impossible; forceps delivery; child still-born; cord round neck; N.P.,	1
	Rotation of vertex impossible; forceps delivery; child still-born; manual removal of placenta; pyrexia,	1
Placenta prævia (lateral).	Cæsarean section; child alive; N.P.,	1
(lateral.)	Packing; later version; spontaneous delivery; child still-born; N.P.,	1
(marginal.)	Hæmorrhage ceased; unhealthy primipara: forceps delivery at term owing to pelvic contraction; child still-born; N.P.,	1
Placenta prævia (marginal).	Acute bronchitis; os almost fully dilated on admission; fœtal heart not heard; marginal placenta prævia; normal delivery; child still-born; broncho-pneumonia in puerperium; dismissed well,	1
(lateral.)	Lateral placenta prævia; placenta velamentosa; membranes had ruptured through blood vessels; fœtal heart not heard on admission; normal delivery; child still-born; normal puerperium,	1

Abnormal or complicated labours—contd.

Condition.	Result.	No.
Prolapse of cord.	Cord replaced; rapid normal delivery; child alive; N.P., ...	1
Protracted dilatation.	Admitted as "failed forceps" case; os not fully dilated; later, normal delivery; child alive; N.P., ...	1
	Admitted as "failed forceps" case; os not fully dilated; later, normal delivery; child alive; pyrexia for 2 days, ...	1
	Cæsarean section; child alive; patient very well after operation; died suddenly from pulmonary embolism on 2nd day, ...	1
Pulmonary tuberculosis.	Condition aggravated by pregnancy; induction of premature labour; spontaneous delivery; child alive; patient became gradually worse; died on 9th day, ...	1
Retention of fœtal head.	Admitted as failed delivery of breech case; body of premature child had been severed from head before admission; head retained in uterus; patient almost moribund on admission; treated for shock; later, head and degenerate placenta were expelled spontaneously; pyrexia for 5 days,	1
Retention of membranes.	Normal delivery of live child; manual removal of retained membranes; N.P., ...	18
	Normal delivery of live child; manual removal of retained membranes; secondary post-partum hæmorrhage; uterus explored and found empty; treatment for hæmorrhage; N.P., ...	1
Retention of placenta.	Normal delivery of live child; manual removal of placenta; N.P., ...	2
	Normal delivery of live child before admission; portions of placenta retained; patient almost moribund on admission; treated for shock; later, placenta removed; N.P., ...	1
Rigid perineum.	Episiotomy; normal delivery; child alive; N.P.,	1
	Forceps delivery; child alive; N.P., ...	5
Transverse presentation.	Version to vertex had failed; version to breech done; manual delivery; head impacted and delivered with difficulty; child still-born; N.P.,	1
Twins.	Both children delivered normally; both alive; N.P.,	6
	Both children delivered normally; both alive; manual removal of membranes; N.P., ...	1
	Both children delivered normally; 1 alive; 1 still-born; N.P., ...	2
	Normal delivery of 1st child; forceps delivery of 2nd; both alive; N.P., ...	1
	Normal delivery of 1st child; version of 2nd; both alive; N.P., ...	1
	(One case of twins is reported as eclampsia with twins.)	
Uterine inertia.	Primigravida of 45; poor musculature; very obese; Cæsarean section; child alive; N.P., ...	1
Vaginal septum.	Septum incised; forceps delivery; child alive; N.P.,	1
	Total,	123

Total number of deliveries,		407
Full term,	359	
Premature,	48	
Number of abnormal deliveries,		123
Forceps rate (62),	15·2%	
Cæsarean section rate (15),	3·6%	
Version rate (6),	1·4%	
Craniotomy rate (1),	·24%	
Death rate (5),	4·06%	
Number of spontaneous deliveries,		284
Presentations:—Breech,	8	
Face,	2	
Vertex (occiput anterior),	273	
Vertex (occiput posterior),	1	
Number of spontaneous deliveries at which medical assistance was not required,		204
Number of spontaneous deliveries with medical assistance,		80
Number of deaths in spontaneous deliveries,		1
Conditions requiring medical assistance at spontaneous delivery—		
Anæsthesia during 2nd stage,	3	
Perineal repair,	68	
Vaginal repair,	7	
Resuscitation of infant,	2	
Number of cases of twins,		12
At full term,	5	
Premature,	7	
Live infants,		21
Still infants,		3
Total number of infants born,		419
Live infants,	384	
Still infants,	35	

Causes of still-births—

Anencephaly, ...		2
Asphyxia due to intra-uterine hæmorrhage, ...		10
Accidental hæmorrhage, ...	4	
Placenta prævia, ...	4	
Ruptured uterus, ...	2	
Cause uncertain, ...		1
Cord tightly round neck, ...		2
Difficult breech delivery, ...		4
Difficult forceps delivery, ...		5
Difficult delivery of shoulders, ...		2
Prematurity (pregnancy normal), ...		1
Prematurity (pregnancy toxic; child macerated),		5
Prematurity (one of twins), ...		3
Total,		35

Number of deaths of infants under 8 days, ... 12

Causes of deaths of infants under 8 *days—*

Prematurity, ...	6
Prematurity and cerebral hæmorrhage, ...	1
Prematurity (twin birth), ...	3
Prematurity and spina bifida, ...	1
Spina bifida, ...	1
Total,	12

Maternal mortality rate for total number of admissions,	1·9%
Maternal morbidity rate for total number of deliveries,	6·6%
Maternal morbidity rate for normal deliveries, ...	5·6%
Maternal morbidity rate for abnormal deliveries, ...	8·9%
Still-birth rate for total number of children born, ...	8·3%
Neo-natal death rate for total number of children born,	3·1%

POST-NATAL ADMISSIONS.

CONDITION.	RESULT.	NO.
Child born before arrival; precipitate labour—patient delivered on a stairway; child alive, but was cyanosed for some hours.	Temperature 101·2°F. on following day—antistreptococcal and antitetanic serum given; temperature fell and was normal thereafter except for two temperatures over 99° F.; dismissed well,	1
Cerebral hæmorrhage.	Admitted as post-natal eclampsia; unconscious on admission; definite hemiplegia; no eclampsia; history of injury; transferred next morning to general hospital, ...	1
Eclampsia.	Unconscious on admission; had 12 fits before admission and 1 fit after admission; responded well to treatment; urine cleared on 6th day; N.P.; dismissed well, ...	1
Laceration and bruising of cervix	Cervix was sutured; owing to the bruised conditions of the tissues the sutures at the lower edge did not hold well; puerperium normal except for 3 temperatures over 99°F.; dismissed well, ...	1
Pelvic cellulitis.	Had Cæsarean section in hospital after trial labour; had treatment in hospital for septic wound and cellulitis; readmitted with abdominal pain—no pyrexia; temperature only once above 99°F.; dismissed well, ...	1
Post-partum hæmorrhage—retention of placenta.	Moderate hæmorrhage on admission; patient treated for shock; soon expelled placenta spontaneously; N.P., ...	1
Post-partum hæmorrhage—retention of portions of placenta.	No hæmorrhage on admission; patient extremely collapsed; treated for shock; later, uterus explored and remains of placenta removed; puerperium normal except for 2 temperatures over 99°F.; dismissed well.	1
	Total,	7

MATERNAL DEATHS.

CAUSE.	REMARKS.
Disseminated sclerosis; puerperal septicæmia. (J. 217.)	Age 36; 1st pregnancy; disseminated sclerosis; premature spontaneous rapid delivery; 2 sutures required in perineum; child alive. Patient had a rigor and delirium on 4th day; temp. 104·4°F.; P. 116; developed paresis of left side, also reflex and trophic changes, and slurring speech; lochia became scanty and offensive; pyrexia continued; mental condition, paresis, and incoherent speech became rapidly worse; comatose for 3 days; died on 15th day.

Maternal Deaths—contd.

CAUSE.	REMARKS.
Dystocia; Cæsarean section: paralytic ileus. (J. 516.)	Age 41; 9th pregnancy: contracted pelvis; previous deliveries all instrumental and extremely difficult; head still above brim after 6 hours in labour: Cæsarean section performed: post-operative vomiting persisted; tympanites; ruptured wound on 2nd day owing to vomiting and distended condition of bowel; wound resutured: died on 3rd day of paralytic ileus.
Dystocia; rupture of uterus; hysterectomy. (J. 456.)	Age 45; 15th pregnancy; admitted as failed forceps case—blades could not grip head properly—most of head above brim; had been 15 hours in labour before admission; uterus ruptured soon after admission; abdomen opened, still-born child delivered: hysterectomy performed; patient died 6 hours later.
Pulmonary embolism after Cæsarean section. (J. 392.)	Age 31: 2nd pregnancy: protracted dilatation; Cæsarean section: child alive: patient very well until 2nd afternoon, developed acute pain, severe dyspnœa, and restlessness and died of pulmonary embolism. (Cæsarean section was performed because, during 1st labour, patient had protracted dilatation; was 4 days in labour and even then cervix had to be manually dilated and a still-born child was delivered by forceps.)
Pulmonary and laryngeal tuberculosis: parturition. (J. 406.)	Age 32: 8th pregnancy; advanced pulmonary and laryngeal tuberculosis: severe dyspnœa aggravated by pregnancy; induction of premature labour; child alive; patient's condition improved temporarily: soon relapsed; died on 9th day.
Valvular disease of the heart; pulmonary œdema; Cæsarean section (C. [illegible])	Age 29: 2nd pregnancy: condition critical on admission; had had rheumatic fever 3 times and heart disease had been present 10 years: œdema in lungs on admission; very distressed by onset of premature labour; Cæsarean section performed under spinal anæsthesia (stovaine): child alive: mother died half-an-hour later.
	Total, 6

PUERPERAL MORBIDITY.

Puerperal morbidity (B.M.A. standard)—temperature reaching 100°F. or more, on two or more occasions from the end of the first to the end of the eighth day after delivery.

Number of cases of puerperal sepsis removed from hospital,	0
Total number of cases of puerperal morbidity, ...	27
Number of cases of puerperal morbidity in which delivery was abnormal or complicated, ...	11

Brief details of puerperal morbidity in cases of operative interference.

Puerperal Morbidity—contd.

CAUSE.	REMARKS.
Cæsarean section for contracted pelvis. (J. 223.)	Bronchitis before onset of labour. Temp. 101·5°F. on 2nd day and 100°F. on 4th day—due to bronchitis. Temperature finally settled on 8th day.
Cæsarean section for contracted pelvis. (J. 517.)	Post-operative vomiting persisted; ruptured several sutures on 2nd day; wound resutured. Temp. 101°F. on 2nd day and 101·8°F. on 3rd day. Died on 3rd day of paralytic ileus.
Cæsarean section for contracted pelvis. (J. 366.)	Patient had trial labour and membranes were ruptured before section was performed. Sepsis in wound; pelvic cellulitis present, and purulent vaginal discharge. Marked pyrexia for the first 15 days and again from 30th to 47th day.
Forceps delivery. (J. 301.)	Contracted pelvis; difficult forceps delivery: considerable vaginal bruising, and rupture of perineum; lochia offensive and scanty. Temp. 100°F. on 2nd, 3rd, 5th, and 6th days; serum given on 6th day; temperature settled on 9th day; involution satisfactory but general weakness remained for several weeks.
Forceps delivery. (J. 506.)	Contracted pelvis; very difficult forceps delivery; considerable vaginal bruising and rupture of perineum. Temp. 100°F. on 3rd, 4th, and 5th days; lochia offensive: serum given on 3rd day; temperature settled on 6th day; involution satisfactory; general condition good.
Forceps delivery. (J. 365.)	Contracted pelvis; forceps delivery; rupture of perineum: œdema of vulva and perineum; perineal wound inflamed. Temp. 102·8°F. on 5th day and 101°F. on 6th day; serum given on 5th day; lochia scanty; temperature settled on 7th day.
Forceps delivery. (J. 465.)	Admitted as "failed forceps" case; occiput persistent in posterior position; difficult forceps delivery; perineum intact; uterus irrigated with glycerine; adherent placenta removed. Temp. 100°F. on 2nd and 3rd days, 101·4°F. on 4th day, 100°F. on 5th day, and 101·8°F. on 6th day; lochia scanty; serum given on 4th day; temperature settled on 7th day.
Failed forceps delivery. (J. 245.)	Admitted as "failed forceps" case; os not fully dilated on admission; later, normal delivery. Temp. 101·6°F. on 5th day and 102·4°F. on 6th day; lochia profuse and offensive; serum given on 6th day; temperature settled on 7th day.
Induction of labour. (J. 438.)	Patient with advanced pulmonary and laryngeal tuberculosis; condition aggravated by pregnancy: induction of labour at 8th month: 3 bougies inserted: spontaneous delivery; temperature elevated before delivery; pyrexia and dyspnœa became gradually worse after delivery; patient died on 9th day.
Manual delivery of premature breech case. (J. 406.)	Admitted as failed delivery of breech; body had been severed from head before admission; head retained in uterus; patient very collapsed on admission; treated for shock; later, head and degenerate placenta were expelled spontaneously. Temp. 100°F. on 2nd day, 100·4°F. on 4th day, and 101·2°F. on 5th day; lochia scanty and dark; uterus irrigated with glycerine on 2nd day; puerperium mildly febrile till 11th day.

Puerperal Morbidity—contd.

CAUSE.	REMARKS.
Manual delivery of breech; perforation of impacted head. (J. 424.)	On admission, child's body born as far as neck—head impacted; gross laceration of vagina and perineum; head was perforated and delivery completed; perineal sutures had to be removed in 2 days owing to extensive sloughing of vagina and perineum. Temp. 100·2°F. on 2nd day, 101·2°F. on 3rd day, 102°F. on 5th day, and 102·8°F. on 7th day; perineum cleaned up gradually; temperature settled on 12th day.

Number of cases of puerperal morbidity in which delivery was spontaneous, ... 16

Asthma. (J. 229.)	Asthma before and after delivery; temperature elevated before delivery and until 11th day of puerperium.
Breasts engorged. (J. 340.)	Temperature 100°F. on 3rd day and 100·2°F. on 4th day; settled on 5th day.
Breasts engorged. (C. 113.)	Temperature 101°F. on 4th day and 100·8°F. on 5th day; otherwise normal.
Breasts engorged. (C. 10.)	Temperature 100·2°F. on 4th day and 100°F. on 8th day; otherwise normal.
Bronchitis on admission. (C. 205.)	Marginal placenta prævia; normal delivery; bronchopneumonia in puerperium; temperature settled on 7th day.
Delayed involution. (J. 375.)	Lochia offensive. Temp. 102°F. on 4th day and 99·2°F. on 5th day; serum given on 4th day; temperature settled on 6th day.
Delayed involution. (J. 396.)	2 small clots expelled on 8th day. Temp. 100°F. on 5th and 7th days. 100·6°F. on 8th day; temperature settled on 9th day.
Delayed involution. (C. 146.)	Uterus high. lochia scanty. Temp. 104·2°F. on 6th day and 100·2°F. on 7th day; thereafter temperature subnormal.
Delayed involution (C. 83.)	Patient delivered in ambulance at hospital door; lochia offensive. Temp. 100°F. on 2nd day, 103°F. on 3rd day, and 100°F. on 4th day; mildly febrile till 8th day; serum given on 3rd day.
Disseminated sclerosis. (J. 217.)	Septicæmia in puerperium; sudden rigor and delirium on 4th day. Temp. 104·4°F., P. 116. Paresis and mental torpor; lochia scanty and offensive; serum given but general condition became worse; comatose for 3 days; died on 15th day.
Fissured nipple. (J. 300.)	Temp. 100·4°F. on 5th and 7th days; settled on 8th day.
Fissured nipple. (C. 39.)	Breast inflamed; temperature above 100°F. on 7th 10th, and 12th days.
Tonsillitis. (J. 380.)	Temp. 100·4°F. and 100°F. on 7th day, 98·8°F. on 8th day; thereafter, normal.
Unresolved pneumonia. (J. 418.)	Patient very thin and debilitated; mild pyrexia before delivery and puerperium irregularly febrile till 22nd day: temperature never above 100·8°F.. Lochia scanty but never offensive.
Vaginal bruising. (J. 342.)	Temp. 101°F. on 3rd day. 102·1°F. on 4th day gradually settled; normal after 7th day.
Vaginal bruising and œdema of vulva. (C. 116.)	Temp. 100·4°F. on 6th day, 100·6°F. on 7th day; temperature settled on 8th day.

PUBLIC HEALTH (PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS (SCOTLAND), 1929.

In these regulations, the standard of pyrexia is defined as 100·4°F., continuing or recurring within 24 hours, during the first twenty-one days after delivery.

Total number of cases of puerperal pyrexia, ...	21
Number of cases of puerperal pyrexia after abnormal delivery, ...	12
Number of cases of puerperal pyrexia after normal delivery, ...	9

Brief details of cases of puerperal pyrexia after abnormal delivery—

1. J. 223
2. J. 517
3. J. 366
4. J. 301
5. J. 365
6. J. 465
7. J. 245
8. J. 438
9. J. 406
10. J. 424

Details already given.

11. J. 289 Contracted pelvis—Cæsarean section—child alive; threatened mastitis; temp. 102°F. and 100·4°F. on 20th day; thereafter normal.
12. J. 239 Manual delivery of breech; arms and legs extended; child alive; perineum ruptured; subinvolution; lochia bright and scanty; clots expelled; temp. 102°F. and 101·6°F. on 15th day; thereafter normal.

Brief details of cases of puerperal pyrexia after normal delivery—

1. C. 113
2. C. 205
3. J. 375
4. C. 146
5. C. 83
6. J. 217
7. C. 39
8. J. 342
9. C. 116

Details already given.

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

REPORT FOR THE YEAR, 1929.

CHILDREN'S WARD.

Number of admissions during 1929,		255
Medical cases,	20	
Surgical cases,	235	

Source of cases.

Recommended from Child Welfare Clinic,	219
Recommended by doctors,	26
Transferred from maternity wards (on mother's discharge from hospital),	10

Average daily number in residence—

January,	1·8	4·5
February,	4·8	
March,	7·0	
April,	7·0	6·8
May,	5·4	
June,	8·0	
July,	6·3	5·5
August,	6·8	
September,	3·5	
October,	7·0	6·9
November,	6·4	
December,	7·2	

Average period of residence—

Medical cases,	10·8 days
Surgical cases,	8·3 days

Age periods of children admitted—

Medical cases,	20	Surgical cases,	235
0-1,	20	0-1,	44
1-2,	0	1-2,	26
2-3,	0	2-3,	39
3-4,	0	3-4,	65
4-5,	0	4-5,	61

Medical cases admitted, ... 20

CONDITION.	RESULT.	NO.
Convulsions.	Died,	1
Debility.	Improved; dismissed well,	5
Dermatitis.	Transferred to isolation ward,	1
Marasmus.	Improved; dismissed well,	2
Marasmus.	Died,	4
Prematurity.	Dismissed well,	3
Prematurity.	Died,	2
Premature twin.	Died,	2
	Total,	20

Surgical cases admitted, ... 235

Patients operated on and discharged well, ... 213

Patients treated without operation, or unfit for operation. ... 22

Abscess—cleared up without operation,	2
Adenitis—cleared up without operation,	2
Arthritis—improved without operation,	1
Burn—improved with dressing,	1
Hæmorrhage (slight)—after circumcision; hæmorrhage arrested,	4
Hernia—unfit for operation,	1
Hydrocele—unfit for operation,	2
Hypospadias—unfit for operation,	1
Nævus—unfit for operation,	1
Phimosis—unfit for operation,	2
Septic finger—cleared up with dressing,	1
Tonsils and adenoids—unfit for operation,	4
Total,	22

Patients (babies) transferred from maternity wards for operations only, ...	2
Patients admitted as "out-patients" for operation only, ...	90
Number of operations on indoor patients, ...	215
Number of operations on outdoor patients, ...	90
Total number of surgical operations, ...	305

Conditions operated on—

Abscess, ...	32
Adenoids, ...	15
Cyst, ...	1
Depressed fracture of skull, ...	1
Enlarged frenum, ...	2
Ganglion, ...	1
Inguinal hernia, ...	13
Nævus, ...	5
Phimosis—treated by circumcision, ...	54
Phimosis—treated by dilatation, ...	5
Septic finger, ...	1
Talipes—treated by plaster, ...	23
Talipes—treated by tenotomy, ...	1
Tonsils and adenoids, ...	141
Tuberculous adenitis, ...	1
Tuberculous dactylitis, ...	9
Total,	305

Number of consultations with surgical specialist, ...	61
Number of children transferred from hospital with infectious disease, ...	4

Diphtheria, ...	2
Scarlet Fever, ...	2

B.—INFECTIOUS DISEASES.

RETURN OF CASES OF INFECTIOUS DISEASE, 1929.

DISEASE.	Number of Cases coming to the Knowledge of the Medical Officer of Health.									
		AT AGE—YEARS.								
	At all Ages. 1	Under 1. 2	1 and under 5. 3	5 and under 15. 4	15 and under 25. 5	25 and under 45. 6	45 and under 65. 7	65 and upwards. 8	Cases removed to Hospital. 9	Cases not removed to Hospital. 10
A.—Diseases specified in the Infectious Disease (Notification) Act, 1889.										
Typhoid Fever, ...	8	...	...	3	2	3	...	...	8	...
Scarlet Fever or Scarlatina, ...	229	1	56	129	33	9	1	...	210	19
Diphtheria & Membranous Croup,	156	17	33	69	22	14	...	1	152	4
Erysipelas, ...	100	...	1	4	13	23	41	18	48	52
Puerperal Fever,.......	13	...	...	...	4	9	...	...	10	3
B.—Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.										
Ophthalmia Neonatorum,...	37	37	...	...	...	...	...	...	...	37
Chickenpox,............	743	47	195	491	4	5	1	...	3	740
*Puerperal Pyrexia,...	5	...	...	...	2	3	...	...	5	...
Encephalitis Lethargica,...	3	...	...	...	...	2	1	...	1	2
Acute Primary Pneumonia,	660	70	210	105	47	76	79	73	438	222
Acute Influenzal Pneumonia,	78	...	2	4	15	16	19	22	43	35
Pulmonary Tuberculosis,	122	...	2	17	44	39	20	...	81†	41
Non-Pulmonary Tuberculosis,	96	6	24	27	22	14	3	..	36†	60
TOTAL of **A** and **B**	2250	178	523	849	208	213	165	114	1035	1215
C.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.										
Pneumonia (not otherwise notifiable),	20	5	13	2	...	...	...	...	12	8
Cerebro-Spinal Fever	12	2	6	4	...	...	...	...	12	...
D.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1899.										
Measles, ...	110	1	9	97	1	1	1	...	2	108
Whooping-cough, ...	223	17	74	132	...	...	...	...	1	222
Mumps,..................	330	...	38	287	3	1	1	...	...	330

* From 1st October, 1929.

† 9 cases notified in a previous year and removed to Hospital, for the first time during 1929.

TUBERCULOSIS—STATISTICAL RETURNS, 1929.

I.—Return of Cases of Tuberculosis notified during the Year ended 31st December, 1929.

	Number of Cases notified as Suffering from Tuberculosis.									Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed by M.O.H. (or T.O.)
	Under 5 1	5 and under 10 2	10 and under 15 3	15 and under 25 4	25 and under 35 5	35 and under 45 6	45 and under 65 7	65 and upwards 8	TOTAL 9	10
PULMONARY—										
Male, ...	1	1	6	14	12	10	11	...	55	54
Female, ...	1	3	7	30	12	5	9	...	67	65
NON-PULMONARY—										
Male, ...	20	9	7	15	9	1	3	...	64	63
Female, ...	10	5	6	7	3	1	...	...	32	32

II.—Return of Number of Persons resident in the Area at 31st Dec., 1929, who were known to be suffering from Tuberculosis.

		Number of Known Cases.								
		Under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	TOTAL
PULMONARY.										
1. Tubercle Bacilli found,	M.	...	...	...	34	46	26	7	...	113
	F.	...	...	2	40	34	30	9	...	115
2. Tubercle Bacilli not found, ...	M.	20	18	17	24	28	13	9	...	129
	F.	24	20	24	30	32	17	12	..	159
		44	38	43	128	140	86	37	...	516
NON-PULMONARY.										
1. Abdominal, ...	M.	27	14	8	7	1	1	...	...	58
	F.	18	9	7	4	1	...	...	...	39
2. Spine, ...	M.	7	3	..	.	1	...	1	...	12
	F.	3	..	1	3	1	...	...	...	8
3. Bones and Joints (exclusive of Spine),...	M.	14	17	6	13	5	1	1	...	57
	F.	13	10	10	9	1	1	1	...	45
4. Superficial Glands, ...	M.	23	22	12	7	3	...	1	...	68
	F.	22	18	13	16	9	2	...	..	80
5. Lupus, ...	M.	...	...	1	1	...	...	...	...	2
	F.	...	1	.	4	...	.	..	1	6
6. Other Parts or Organs,	M.	14	10	6	8	8	8	4	...	58
	F.	16	8	6	10	3	4	...	...	47
		157	112	70	82	33	17	8	1	480
TOTAL, ...		201	150	113	210	173	103	45	1	996

III.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the Year ended 31st December, 1929.

	Number of Patients.				
	In Institutions on January 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on December 31
PULMONARY—					
Adults, Males,...	14	50	33	10	21
Adults, Females,	21	34	20	11	24
Children, Males,...	5	4	6	...	3
Children, Females,	4	2	1	...	5
NON-PULMONARY—					
Adults, Males,..	4	12	12	2	2
Adults, Females,	2	3	1	1	3
Children, Males,...	3	10	5	1	7
Children, Females,	9	7	7	2	7
TOTAL, ...	62	122	85	27	72

INFECTIOUS DISEASE—OTHER THAN TUBERCULOSIS.

SUMMARY.

	1929
Number of visits of enquiry, ...	5.963
Patients removed to Hospital, ...	760
Patients removed to Reception House, ...	...
Notices served under Section 50 (2), P.H.S.A., ...	1,777
Notices served under Section 53 (2), P.H.S.A., ...	1,777
Notices served to School Teachers, etc., ...	4,406
Houses, etc., Disinfected, ...	768
Sets of Clothing removed for Disinfection, ...	829
Articles of Clothing Disinfected, ...	9,894

TUBERCULOSIS.

SUMMARY.

	1929
Number of visits of inquiry, ...	1,623
Average number of cases under observation, ...	1,083
Houses, etc., disinfected, ...	122
Sets of Clothing removed for Disinfection or for Destruction,	119
Articles of Clothing ,, ,, ,, ,, ...	1,441

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1929.

Estimated Population for 1929, ... 87,447

NUMBERS.	1929
Births (corrected for transcripts),	1,830
Do. Illegitimate (corrected for transcripts),	87
Marriages (uncorrected), ...	613
Deaths (uncorrected), ...	1,373
Do. (transferred out), ...	102
Do. (transferred in), ...	52
Do. (corrected)	1,323

RATES PER 1,000 OF ESTIMATED POPULATION.	1929
Birth Rate (corrected for transcript),	20·5
Illegitimate Birth Rate, ...	4·6
Marriage Rate (uncorrected),...	7·0
Death Rate—	
(uncorrected), ...	15·7
(corrected for transfers), ...	15·1
(corrected for transfers and adjusted for age and sex distribution), ...	16·6
Phthisis (corrected), ...	0·55
All Tuberculosis (corrected),	1·01
Principal Epidemic Diseases,	0·37
Infantile Mortality Rate, ...	89

CAUSES OF DEATH (Corrected for Transfers).—1929.

CAUSES OF DEATH.	ALL AGES.			AGE.											
	Both Sexes.	M.	F.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85 & Over
Enteric Fever,	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...
Typhus Fever,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles,	2	1	1	1	1	...	...	...	...	...	...	...	...	...	...
Scarlet Fever,	2	2	...	...	2	...	...	...	...	...	...	...	...	...	...
Whooping-Cough,	7	5	2	3	4	...	...	...	...	...	...	...	...	...	...
Diphtheria,	4	1	3	1	2	1	...	...	...	...	...	...	...	...	...
Influenza,	70	31	39	...	2	...	...	3	4	4	11	16	13	14	3
Encephalitis Lethargica,	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...
Cerebro-spinal Meningitis,	8	7	1	2	4	...	2	...	...	...	...	...	...	...	...
Other Epidemic Diseases,	8	5	3	...	...	...	...	...	2	...	1	1	3	1	...
Tuberculosis of Respiratory System,	48	24	24	...	1	...	1	15	11	10	5	5	...	...	...
Tuberculous Meningitis,	18	12	6	4	9	2	...	3	...	...	...	...	...	...	...
Tuberculosis of Intestines and Peritoneum,	3	3	...	...	...	...	1	1	1	...	...	...	...	...	...
Other Tuberculous Disease,	19	12	7	1	3	1	2	5	3	1	...	3	...	...	...
Malignant Tumours,	135	61	74	...	...	...	...	1	3	9	20	40	45	14	3
Rheumatic Fever,	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...
Meningitis (not Cer. Spin. or Tuberc.),	8	3	5	2	3	1	2	...	...	...	...	...	...	...	...
Apoplexy,	113	48	65	...	...	...	...	...	1	3	8	16	52	28	5
Heart Disease,	189	86	103	1	...	1	1	6	3	7	15	41	62	42	10
Diseases of Arteries,	13	9	4	...	...	...	...	...	...	1	1	2	4	5	...
Bronchitis,	77	35	42	3	...	...	1	...	2	2	5	18	21	17	8
Pneumonia (all forms),	171	99	72	23	33	1	2	3	8	16	17	19	32	12	5
Other Diseases of Respiratory System,	9	3	6	1	2	1	...	...	...	2	1	...	1	1	...
Diarrhœa and Enteritis (under 2 years),	16	8	8	14	2	...	...	...	...	...	...	...	...	...	...
Appendicitis,	9	5	4	...	1	2	...	2	...	...	1	2	...	1	...
All Diseases of Liver (not Malignant),	6	...	6	...	...	...	...	...	...	...	...	1	3	2	...
Nephritis, Acute and Chronic,	51	27	24	...	...	...	...	3	4	3	10	12	17	2	...
Puerperal Sepsis,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition,	6	...	6	...	...	...	...	2	3	...	1	...	...	...	...
Diseases of Early Infancy, and Malformations,	93	52	41	92	1	...	...	...	...	...	...	...	...	...	...
Suicide,	6	4	2	...	...	...	...	1	1	...	2	...	2	...	...
Other Violent Deaths,	41	31	10	...	3	3	3	3	4	6	3	9	4	2	1
Other Defined Diseases,	175	80	95	11	7	4	3	4	5	13	14	18	41	36	10
Causes Ill-defined or Unknown,	13	6	7	...	2	...	...	...	...	...	4	2	5	...	...
ALL CAUSES,	1323	662	661	150	82	17	18	53	56	77	120	205	305	177	51